Some practical examples of different nasal projection

Example 1

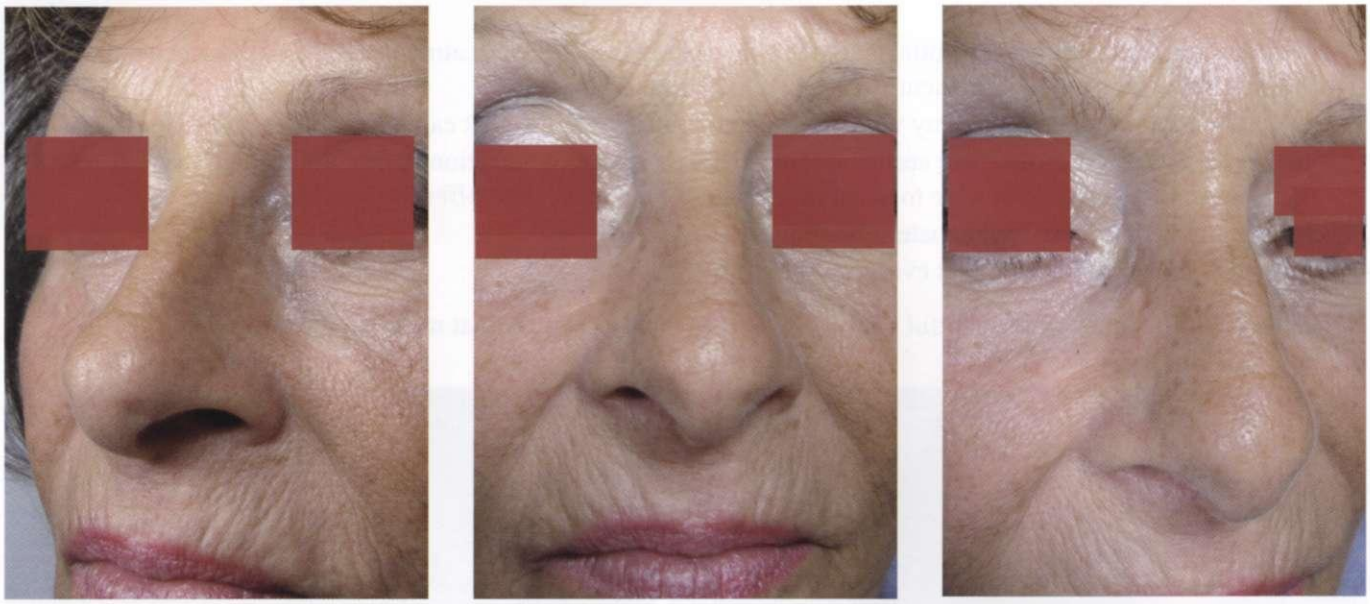


Fig. 2.2: 73 years old patient. Regular nose with regular and well represented nasal bones. Moderate hypertrophy of the major alar cartilages with a slightly plunging nasal tip. There is not significant asymmetry. The nasolabial distance slightly increased but it is not excessive considering the age. This nose does not require corrections.

Example 2

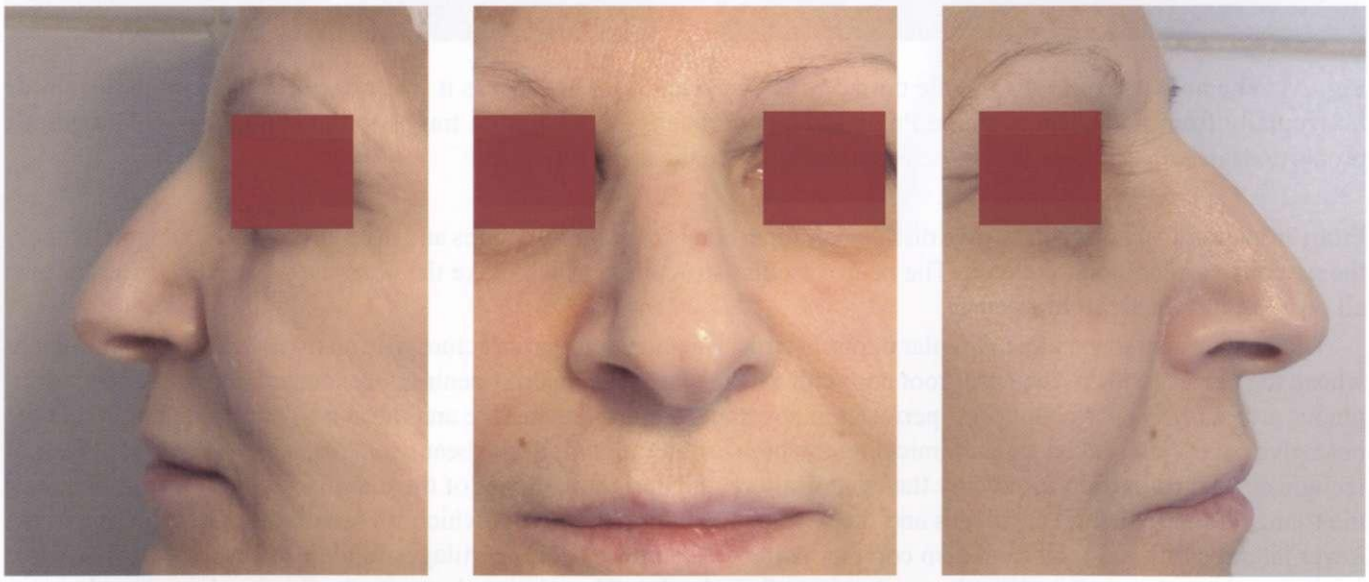


Fig. 2.3: 62 years old patient. This nose is quite falling for the age. The nasolabial angle is less than 90 °. It has a modest, though evident, hump. There is a slight asymmetry of the nasal tip and the left major alar cartilage is much more prominent than the right one; there is a good visibility of the central intercartilaginous sulcus. We can see a modest lengthening of the nasal spine-upper lip distance. Classic good medical indication for rhinoplasty.

THE OSTEOCARTILAGINOUS SKELETON

The nose, as we have said several times, is supported by a complex osteocartilaginous skeleton consisting of a bony part and a cartilaginous part, having a moving part.

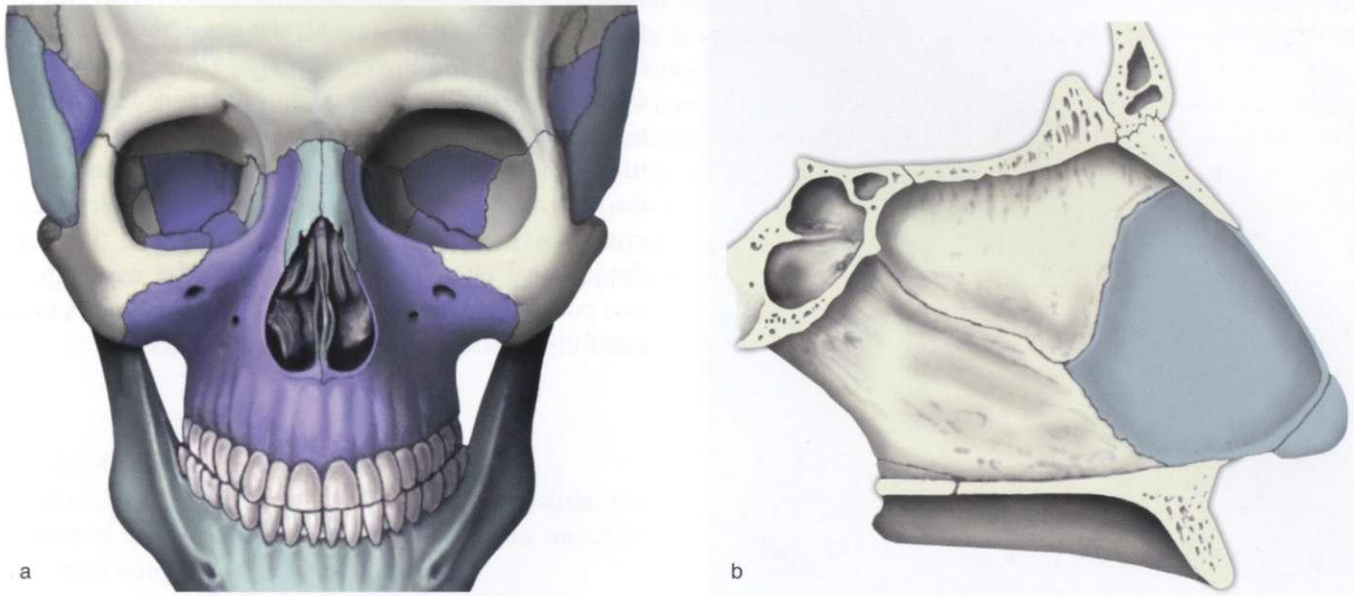
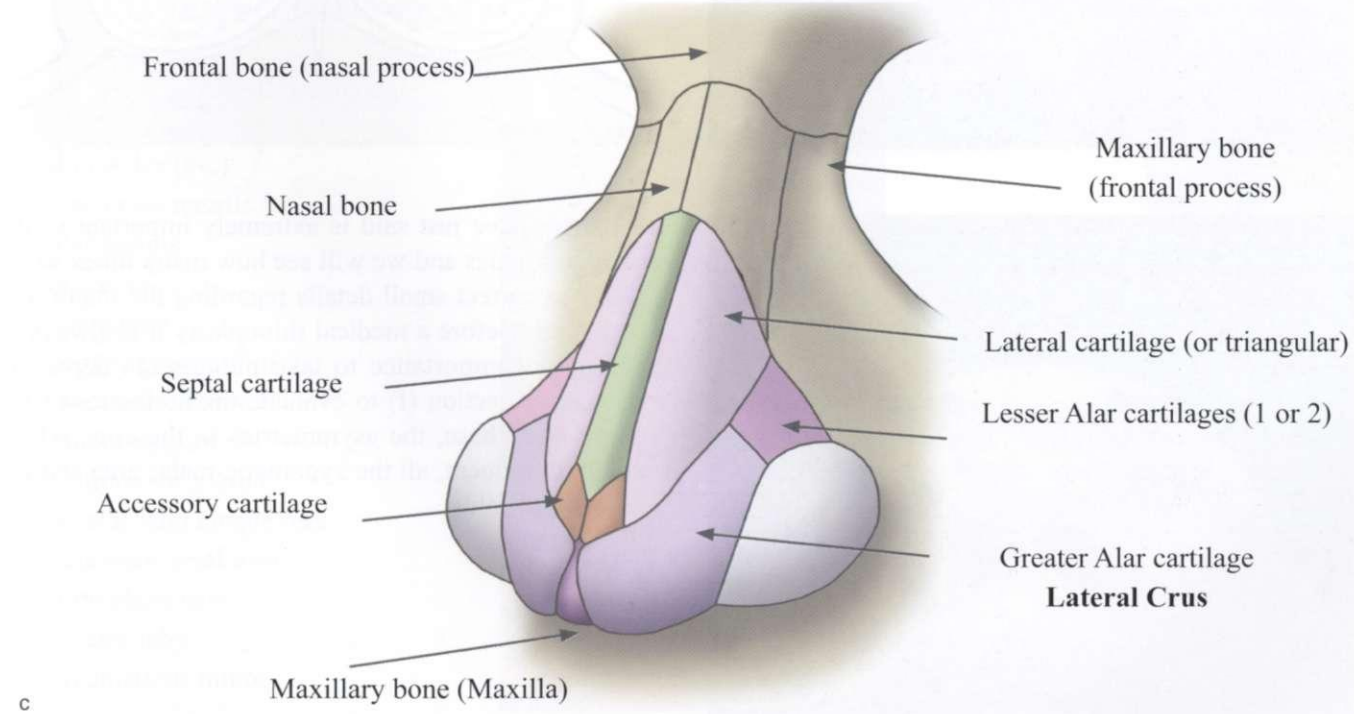
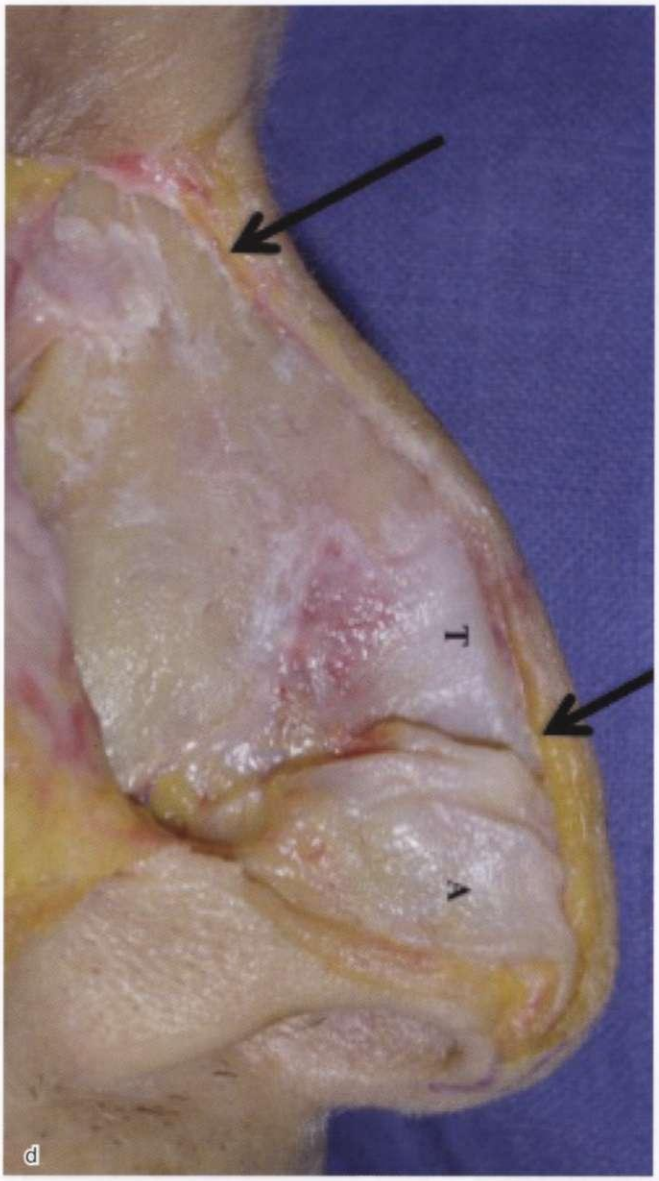


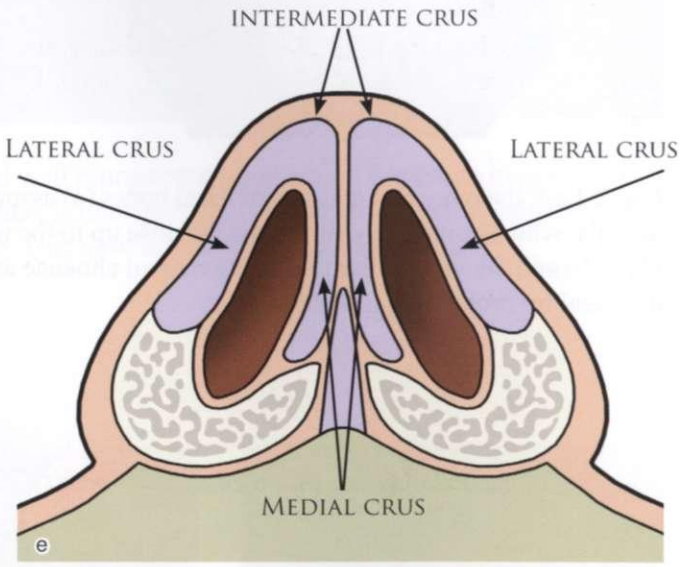
Fig. 2.4 a-f: the bony part consists of nasal bones (a) associated in the upper area with the frontal and laterally with the maxilla, which completely surrounds the nose up to the nasal spine in the lower area. Centrally, we have the ethmoid plate (b) and the vomer dividing the two nasal choanae and to which the septal cartilage, which contributes in part to the nasal tip projection, is welded.



In (c) we can see an outline of the bones and nasal cartilages.



Just below the nasal bones we find the lateral or upper cartilages and down we laterally find the minor lateral alar cartilage and medially the lateral crus of the major alar cartilage, which contributes to the aesthetics of the nasal tip. During the anatomical preparation (d) you can see and understand the mutual relations of the nasal bones (upper arrow) and lower cartilages (lower arrow). We can also see the thickness of the subcutaneous which is significantly higher than the nasal tip. The major alar cartilage consists of three parts, called crus (e), the medial, the intermediate and the lateral crus. The intermediate crus forms the nasal tip defining the so-called "Defining Points" that characterize a single central nasal tip, or two coupled tips, determining the aesthetics. It is to be carefully considered before our treatments.



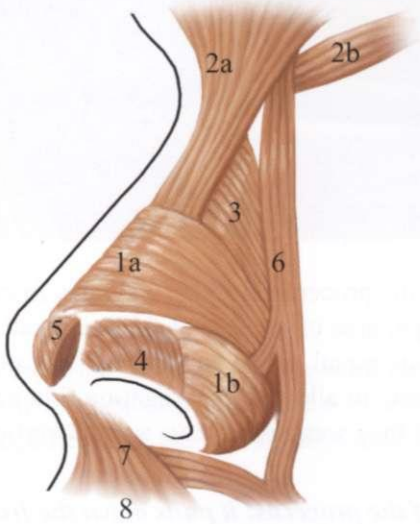
What we have just said is extremely important in the nasal aesthetics and we will see how many times we're going to correct small details regarding the major alar cartilages. Before a medical rhinoplasty it is always of paramount importance to take photograph depicting a lower projection (f) to evaluate the aesthetics of the entire nasal base, the asymmetries in the crus, which are very frequent, all the zygomatic-malar area and the naso-labial folds.

* By Saban Y. and Braccini F. Rhinoplasties, les monographies du cca groupe. N° 32, Ed.2002

MUSCLES OF THE NASAL PYRAMID

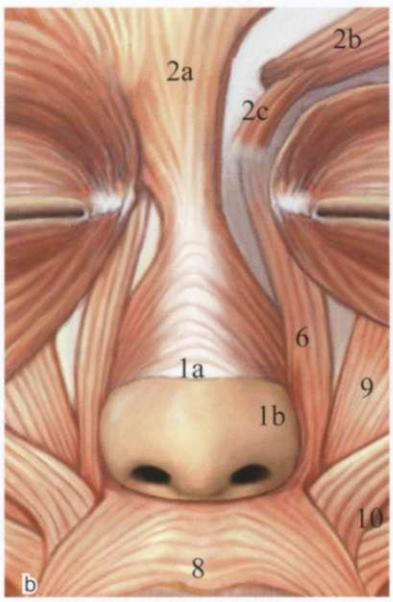
Below the superficial layer of the skin and subcutaneous tissue are the muscles, innervated, as in most of the face, by the facial nerve and joined together by a fibro-aponeurotic system called nasal SMAS. We can describe the levator muscles, the depressor muscles, the compressor or dilator muscles of the nostrils. They have a generally modest role, except the depressor of the septum, which in rhinoplasty is very important. This muscle, in particular, is fully accessible to the action of botulinum toxin. The perichondrium-periosteum coverage consists of perichondrial-periosteal fibres that interconnect and sympathize with each other constituent elements of the nasal pyramid. The nasal musculature is a support that covers the osteocartilaginous structures. It directly contributes to the dynamics of the tip. The contraction of muscles covering the nose, produces the so-called "unnecessary wrinkles", particular facial wrinkles, usually expressions of anger. The moving part of the nose is managed by a game of muscular balancing allowing the tip to move towards the bottom (sometimes too much) or to remain stationary. The muscles of the nose are described together as they are very small and as for the use of botulinum toxin, only some of them are important.

Fig. 2.5 a-c: nasal muscles are:
nasal muscle, depressor and dilator of the nostrils, depressor of the nasal septum and elevator of the upper lip and nasal wing.
These last two have the greatest interest for the colleague who is interested in botulinum toxin. The treatment of the other nasal muscles, especially the dilator and compressor muscles of the nostrils represent a useless and dangerous virtuosity, that we never perform.

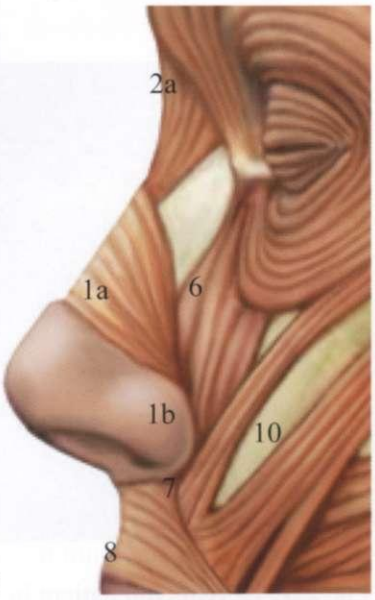


a

Nasal muscles (a-c):
1a: trasversus nasalis
1b: alar nasalis
2a: procerus
2b: corrugator
2c: depressor supercilii
3: inconstant fibers
4: dilator narium
5: compressor narium
6: levator labii aleque nasi
7: depressor septi nasi
8: orbicolaris oris
9: levator labii
10: zigomaticus minor



b



c