

Reconstruction of Defect Involving the nasal Ala (article on The Annual Congress Of The Royal College of Otolaryngologists-Head and Neck Surgeons of Thailand)

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Abstrak

ABSTRACT

Alar defects generally mandate replacement of the entire unit. The nasal alar unit is highly contoured, has a free margin, and contributes to the external nasal valve. Many methods exist to reconstruct the ala, including local nasal flaps, skin grafts, composite auricular grafts, and pedicle flaps. In most instances, however, consistent results require a cartilage subsurface framework to resist the forces of contraction and provide a stable external valve and provide a scaffold for contour

Main Outcome Measures Observer's and patient's rating of the final results, patient's rating of breathing and level of self-consciousness, and medical record review of complications. Most aesthetic outcomes were excellent to good. Breathing from the reconstructed side can be returned to preoperative status in most of these patients.

Staged reconstruction of the nasal ala using free cartilage grafts, interpolated cheek or forehead and mucosal flaps when necessary, result in a highly aesthetic and functional outcome in most patients.