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VIEWPOINT

Rhino Tip Plasty and Dorsum Rhinofiller: A Hybrid Approach in Outpatient Setting

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With the evolution of rhinoplasty techniques and the spread of rhinofillers, the desire to undergo nose retouching has become increasingly in demand, especially by young patients.[1] In many cases, the patient wishes only to correct the dorsum profile or reduce bulbous tips, or in other cases, open nasolabial angle. Moreover, the patient asks for more and more procedures that are minimally invasive and rapid, with almost immediate recovery and low costs. The possibility to undergo rhinoplasty in outpatient setting in local anesthesia is described in the literature.[2] The rhinofiller alone in these cases does not represent a possible solution because it allows a camouflage of some imperfections such as the hump or the increase in definition of the tip and projection, but does not allow to reduce excess cartilage structures as in bulbous or bifid tips.

To maintain a quick time of execution, rapid recovery times, safety, outpatient executability, and low costs, it is possible to offer the patient a hybrid technique of rhinoplasty of the nasal tip to be performed under pure local anesthesia combined with a remodeling of the nasal dorsum using fillers based on hyaluronic acid. By placing nasal swabs to be removed at the end of the procedure, using a local anesthesia of the nasal pyramid aimed at the main nerve branches (performed externally to reduce the vagogenic impact of a direct puncture of the nasal mucosa) and the use of anesthetic with adrenaline to reduce bleeding at minimum, it is possible to perform a reduction of the lateral crura of the alar cartilages through an intracartilaginous incision to redefine the nasal tip, to reduce the caudal portion of the quadrangular cartilage to correct projection, lengths, and nasolabial angle (associated with a minimum under–SMAS detaching of the middle and lower third of the dorsum to allow the upward rotation of the tip),[3] and finally to correct depressions of the nasal-frontal angle and irregularities of the nasal dorsum by injection of hyaluronic acid. In some cases, fat grafting also represents a valid alternative to hyaluronic acid.[4] If necessary, a final refinement using a nasal bone rasp can be added to improve final dorsum result. The final result is certainly more stable and superior over time than rhinofiller alone, and it allows obtaining results more similar to those of a complete rhinoplasty, but with very short operating times, low anesthetic risks, and almost immediate recovery.

This hybrid technique is obviously not a true rhinoplasty and is not applicable to all situations, but it certainly represents a possibility to be considered in selected cases. The limit is represented by having to carry out a hyaluronic acid injection recall after 9–12 months, depending on the product used, but it is a procedure that can be performed as an outpatient procedure in a few minutes.

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DISCLOSURE

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