CASE REPORT

# Case presentation (Reconstruction of Congenital Complete Loss of Right Ala with one Stage Surgery)

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## ABSTRACT

13 year old girl with congenital complete loss of right ala and bifid rigt side of the nose from right side midface.

Operated before by some other plastic surgeon 3 years ago only full thickness skin graft harvested post auricular and secondary sutures to close the defect between the nose and midface but as shown in preoperative photos no progress or any improvement in the lost ala.

***Key words: Septum, Ala Reconstruction***

**By examination**

Complete absence of right ala cartilage, skin and nasal lining all three layers.

Dropped columella.

Deviated tip to normal side.

Dislocated nasal septum caudal end to left side.

C shaped septum convex to right side.

Wide square tip.

Right mid face atrophy and fibrosis.

**Summary of the difficulty in the case:**

The problem is not in the cartilage loss because it can be harvested as composite cartilage graft from the ear , but the difficulty in skin loss for the ala with same curvature and texture Skin coverage for the ala can be reconstructed by forehead flap or nasolabial flap + skin graft for nasal lining and both of these flaps are two stage surgery with donor morbidity (scaring) and possibility of flap maceration and infection (4).

**My preoperative plan and intraoperative tricks to start with :**

Open septorhinoplasty to align the septum straight and debride excess cartilage lever the collumella upwards using collumellar strut tip plasty to narrow the tip and raise it with special lever stitch between the septum , tip and collumella with the strut.

My aim to take benefit from lever the collumella upwards after full dissection of nasal skin as by this gliding motility will get more excess skin downwards. Harvest composite graft **two layers** harvested from the concha anteriorly to reconstruct the rim of the ala with same curvature .

Harvesting wider cartilage and less skin in its center , making the skin of composite graft inside as nasal lining (2) through incision for the open rhionoplasty on defect side, open Pocket inferiorly to fix the inferior edge of the

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cartilaginous part of composite graft at the end ala formed completely three layers but remaining very small shlallow notch in the lateral third of alar rim is reconstructed by a small advancement flap medially based to reconstruct it. Harvest small amount of microfat by syringe from lower abdomen and graft the microfat to right mid face beside the nose to overcome the right atrophy related to right congenital loss of ala(3)

**Results :**

The septum straightened

The collumella drop corrected , and the tip raised and narrowed

The composite graft excellently reconstruct the alar rim cartilage and nasal lining

And skin of the nose by gliding after pushing the collumella and to upwards used as skin coverage for the ala with success.

**Conclusion:**

In young and females patients we prefer reconstruction with less morbidity to donor site and one stage better than more stages specially in children if possible still simple tricks if come to our mind can solve many complicated problems as this lever action to collumella and tip with dissection upwards to the nasal skin giving excess skin for coverage of composite alar rim cartilage with fine touch small local flap at the rim(1)

* attached preoperative photos and direct post operative photos on table before applying plaster of Paris to the nose

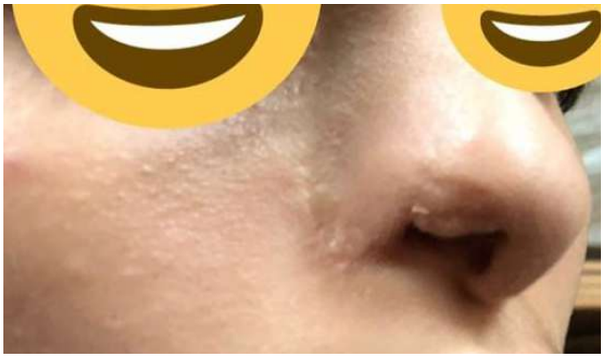

Fig 1:

Fig 2:

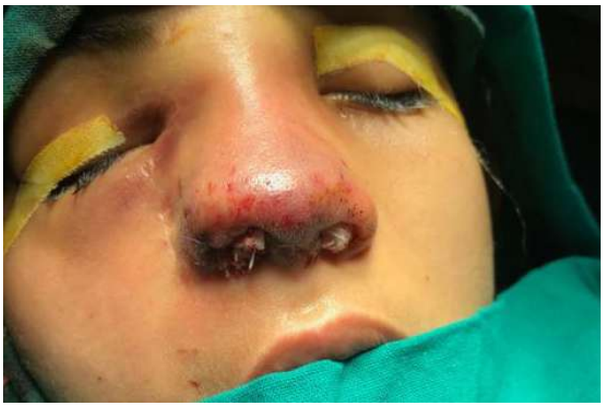

Fig 3:

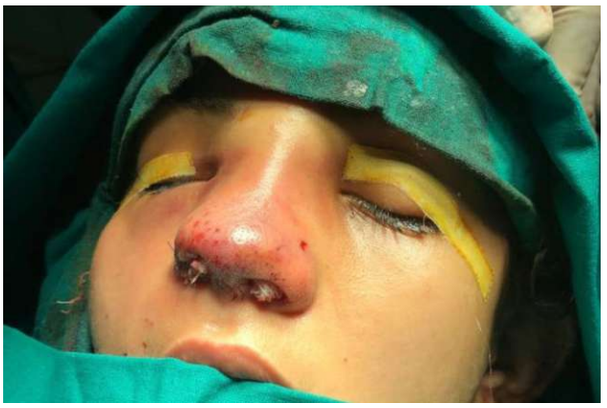

Fig 4:

Fig 5:

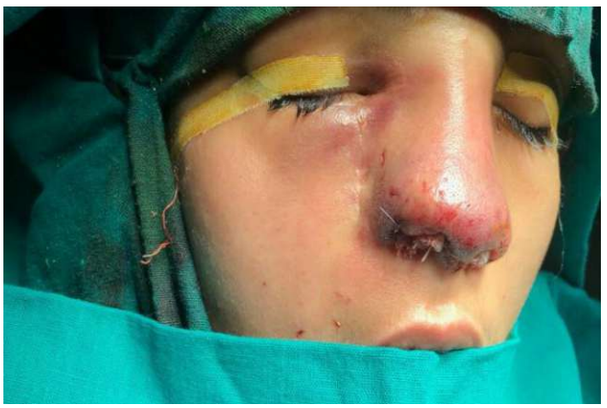

Fig 6:

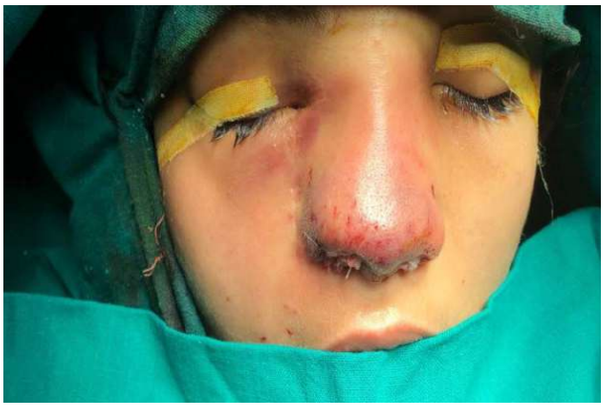

Fig 7:

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