

Cleft lip nose revision

Cleft lip/nose revision

Indications for revisional surgery to a previously repaired cleft lip are dependent on the site and severity of the residual deformity . Relative indications for lip revision include: /uni25CF misaligned vermilion; /uni25CF lip asymmetry . Relative indications for residual nasal deformity include: /uni25CF incorrect alar base position; /uni25CF poor nasal tip projection; /uni25CF deviation of cartilaginous nasal septum into the non-cleft nostril. Residual nasal deformity is an external manifestation of incomplete reconstruction of the nasolabial muscle ring (see Clinical anatomy). It is thought less than ideal to surgically interfere with the nasal septum in the growing child. Minor adjustments are possible before the age of 14–15 year (Figures 50.9 and 50.10), but more major nasal surgery is usually delayed until after this age. Open septorhinoplasty may be considered for definitive surgical nasal correction. In patients with cleft lip and palate, open surgery is preferred to gain access to the external cartilaginous framework, which is frequently affected by the primary issues of muscle attachment related to the cleft. One common feature is collapse of the lower lateral cartilage on the cleft side together with a dislocation of the cartilaginous septum into the non-cleft nostril. The open method ensures adequate access and repositioning of the cartilaginous framework as a tertiary procedure to improve nasal tip projection, correct septal deformity and relocate alar cartilages. Grafting techniques are often employed using harvested septal (nasal) cartilage or conchal (ear) cartilage.

Figure 50.10 Nasal asymmetry addressed by open surgical revision.

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