

37. *The Anatomy of the Secondary Bilateral Nasal Deformity*

EXCLUSIVE to secondary results in bilateral cleft cases, besides the usual discrepancies in the scar, muscle, contour, landmarks, free border and sulcus, there is the especially characteristic bilateral cleft lip nose. As this nose has ordinarily been left for secondary correction, it presents a more constant picture and one not greatly unlike the original deformity. A typical bilateral cleft lip nose that has had no treatment besides closure of the clefts in the lip presents a *columella of varying degree of shortness* from slight to almost total absence of any central column. The tethering of this short, single, central bridge presents a *depressed nasal tip*, often with nothing between lip and tip and boasting little to no profile at all. It is accompanied by *bilateral dislocation of the alar cartilages* off the crest of the septum, *attenuation of these stretched cartilages* with an obtuse medial-lateral crural angle and a *spatula flatness of the nasal tip* with an unnatural width between



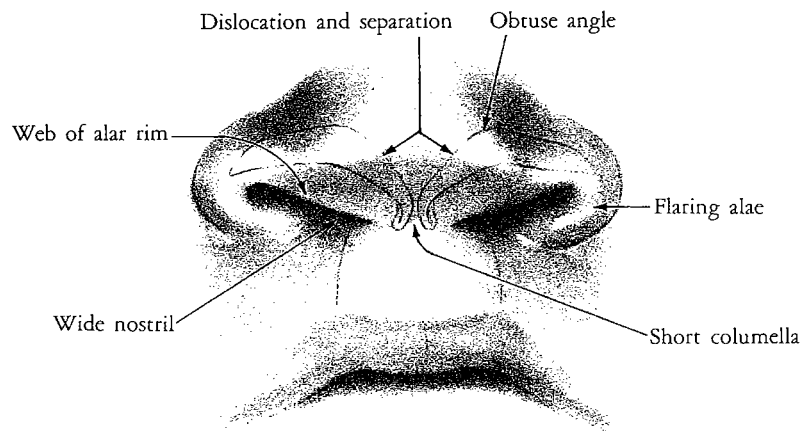


the alar arches. Therefore, with the *flare* and even *eversion* of the *alar bases*, the *shortness of the vestibular lining* and the *width, flatness, scarring and fistulae of the nostril floors*, reconstruction of these residual discrepancies promises no plastic picnic.

The combination of the frontonasal shortness in the original congenital deformity and the subsequent attempt at projectory growth produces a snubbed nose restrained at the tip but exploding at the sides with kinking and flaring like that of a snorting steed on a carousel.

Frankly, the distal half of this type of nose is a depressed mess, as deserving of special allocations as any other disaster area. The only positive light in the darkness of the double deformity is that the anomaly has occurred twice, and so usually has a quality of symmetry.

Alar cartilages:



ONCE SHORT, STILL SHORT

In all methods that incorporate the entire prolabium the full vertical length of the lip, if the columella was short originally, it continues to be short postoperatively. In methods in which the prolabium is not pulled into the full vertical length of the lip but is bolstered below by lateral flaps, there may be slightly less drag on the columella but it will still end up too short. The LeMesurier results fall into this group.

In 1971 Farkas and Lindsay studied bilateral cleft patients after the LeMesurier closure and reported:

In all bilateral cleft lip and palate patients the columella length on both sides was significantly shorter than in normals. However, the difference in length was only about one and a half millimeters. In patients with complete and incomplete bilateral cleft lip and palates . . . the columella difference in length from one side to the other did not differ significantly.

actually I
find them
shorter
than that.

THINK COLUMELLA!

Whenever a surgeon faces a specific secondary correction in a bilateral cleft, his attention should be directed first to the columella. Too many bilateral clefts have been operated on again and again along a one-track lip correction throwing away valuable tissue and ending up with a good lip but with the columella still short—and, by now, no tissue left to lengthen it. This is preposterous procrastination or simple stupidity. *Design the columella lengthening when planning the lip correction.*

SECONDARY COLUMELLA LENGTHENING

When the columella is short, this aspect of the secondary nasal deformity deserves first priority of action. Once accomplished, it will set off a chain of happy reactions such as elevation of the tip and opening of the airways.

Columella lengthening requires the transport of new tissue into the area. It can be obtained from various sites in a number of ways, but its most common donor is the adjacent and deformed upper lip. How it is to be taken depends directly upon the condition of the lip. Because columella lengthening should have a high priority both in the primary and certainly in the secondary surgery, and although it is often excluded from the early planning, it will be discussed first.