

46. *A Note on Vestibular Lining Shortage*

AS in the unilateral cleft deformity, only in double proportion, there is a bilateral shortness of the vestibular lining. This discrepancy is partially hidden within the nostril and has, more often than not, been ignored. In the original deformity the alae, attached medially to the short columella on the projecting premaxilla, arch the clefts with their alar bases flared and dragged backward by their attachments to the retroposed maxillae. The bilateral shortness of the vestibular lining is seen and felt along the intercartilaginous line from the nasal tip to the alar base, and unless this has been relieved, the problem still exists in the secondary deformity.

When the shortness is unilateral, it is more obvious and has stimulated various designs to correct it. Berkeley advocated a primary Z-plasty of the vestibular lining with his horizontal limb along the intercartilaginous line. Uchida used a double Z, Potter incorporated the V-Y principle and Rees added a free skin graft.

In the bilateral cleft, the vestibular shortness may be missed, hidden in its symmetry or overshadowed by columella shortness and alar base flaring, but it still exists. Few have directed much attention to it primarily. Yet, for the posteriorly displaced and flared alar base to move forward and inward during the primary surgery, it is necessary to free it. Most surgeons, I believe, divide the lateral attachments of the vestibular lining to the maxilla, and, as the defect is out of sight, it is soon out of mind but never quite out of the squeezing reach of the fibroblasts. So what may seem to be adequate release will eventually be contracted with

scar pulling the alar bases back and holding the nose in restraint.

I admit to this "sweeping the defect under the rug." Finally, after years of guiltily casting a last side glance into the vestibular raw area just after the alar base release but before lip closure, I decided to maneuver the pared vermilion from the cleft edge of each lateral lip element to line the release and to put an end to the contractures. This bilateral vermilion flap I transposition has been used for years and is described in minute detail in the primary procedure. If this flap or another that increases lining length has not been carried out primarily, the vestibular shortage is still present in some degree and will require secondary attention. As the cleft edge has long ago been shorn of its vermilion, flap I is only a memory and it is now necessary to look toward Z's, V-Y's or free grafts. Potter had the foresight to combine the V-Y with the columella lengthening, and Neuner followed his example.

It is worthy of note that the lateral extensions on the Gensoul flap as designed by Blair and later Brown and McDowell, as well as similar extensions on the forked flap as suggested by Peskova and Fara, Limberg and later Pfeifer, do fit into bilateral releases of the vestibule at the tip. Thus in a minor way at least a little extra tissue is added across this tight line.