Augmentation rhinoplasty with dermal fat graft

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**Background:** The most commonly performed type of rhinoplasty in Asia is augmentation rhinoplasty. Surgeons have been using different types of materials to augment the nose, but there is no consensus on the ideal material. Currently available augmentation materials can be classified as autologous, homologous and artificial materials, but opinions regarding the indications for and outcomes with using these materials vary. There are few reports about augmentation rhinoplasty using a dermal fat graft.

**Materials & Methods:** From September 2014 to July 2015, augmentation rhinoplasty has been performed in 24 cases of patients with dorsal thin skin, visible implant margin and who has an aversion to the use of artificial implants. Dermal fat graft was harvested from one side of the buttock close to the inter-gluteal crease and the graft length was approximately 6-7 cm and the graft width was 1.5-2 cm, and the epidermises were completed removed. Tip plasty was performed using a conchal cartilage as a columellar strut and an on lay graft. Before inserting the dermofat, it is necessary to trim it to a proper width and shape. The operator can make changes according to the width and length of nose of the patients. The author will follow up the patients at the time of 1-3-6-12 months post-operation.

**Results:** The thickness of a dermal graft at postoperative 3 months was 80% of that postoperative 1 month. The height of dorsal after 1 year is 70% considerably maintained. Among 24 cases (9 primary and 15 secondary), most of patients were satisfied with the result. However, 1 patient showed over-absorption and 1 patient with contour irregularity of the dermal fat graft. There were no significant difference was observed between primary and secondary cases.

**Conclusions:** Augmentation rhinoplasty using a dermal fat graft has many advantages and is a very useful surgical option in patient who have dorsal thin skin, visible implant margin and who have an aversion to use of artificial implants into a more natural appearance, prevention of implant show, no pigmentation and no likelihood of infection.

**Biography**

Huynh Truong Bao Tien completed her medical education from Tay Nguyen University and Post-Graduation from Ho Chi Minh City, Vietnam. She was an Intern at Cho Ray Hospital in Vietnam. She has an experience of working with distinct patients for eyelid surgery, rhinoplasty, breast reconstruction and abdominoplasty.

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