



POSTERS

Rhydian Harris, Manchester Royal Infirmary

Objectives

Objective: To report a case of neurofibroma of the nasal tip, and a case of schwannoma of the nasal tip, and to discuss the genetic implications of this diagnosis.

Methods

Two case reports and review of the medical literature.

Results

A 14 year old girl presented with a recurrent slow-growing lesion of her nasal tip. She had undergone 3 previous procedures to excise this lesion. Histopathological diagnosis of these lesions revealed appearances in keeping with a neurofibroma. There were no other neurocutaneous stigmata but due to its association with Neurofibromatosis type 1, she was referred for a genetic assessment, which confirmed that this was an isolated neurofibroma with no genetic implications. The second case was a 24 year old woman who presented with a slow-growing cystic lesion of her nasal tip. She underwent excision of this lesion, which revealed a schwannoma of the nasal tip. In both cases the tumours were excised using an open rhinoplasty approach.

Conclusions

Benign peripheral nerve sheath tumours should be considered as a differential diagnosis for nasal tip soft tissue lesions, albeit an exceedingly rare presentation. They tend to be isolated lesions, with no underlying genetic condition; however due to their association with neurofibromatosis, this must be considered and excluded. An open septorhinoplasty approach is a suitable technique to excise such nasal tip tumours.

Pavol Surda, St Georges University Hospital

Objectives

The aim of this study is to introduce the image analysis measurement (IAM) of the inner valve area which seems to be simple, cheap and easily performed method.

Methods

13 adults scheduled for septorhinoplasty and septoplasty were included. Prior to surgery we assessed nasal symptoms, judged by SNOT 22 questionnaire and clinical signs of nasal blockage, determined by anterior rhinoscopy. Subsequently, we obtained one image preoperatively and one postoperatively using endoscope attached to mobile phone with adapter. To ensure that both images match, we used template-based approach with help of Overlay Camera free mobile application and anatomical landmarks. Two cross-sections of the nasal valve area were digitally processed, measured and compared (in mm²).

Results

Postoperatively, all 13 patients reported subjective improvement of the nasal blockage which strongly correlated with IAM and SNOT 22.

Samantha Goh, Royal National Throat, Nose and Ear Hospital

Objectives

To identify individuals at-risk of body dysmorphic disorder (BDD) in Septorhinoplasty patients. Review current management to identify areas where BDD can be screened and patients can be referred early for psychological assessment.

Methods

Retrospective study on patients seen in ENT outpatients for septorhinoplasty and identify those with a diagnosis of BDD or referred for further psychological assessment to determine diagnosis. Recruit a prospective cohort referred to ENT outpatients for septorhinoplasty and patients listed for septorhinoplasty. Use of the validated screening tool, the Body Dysmorphic Disorder Questionnaire, to identify patients at-risk of BDD.

Results

Results: Over 1 month, 90 patients seen for septorhinoplasty in outpatients, 10% of all clinic referrals were for septoplasty. 22% were referred for psychological assessment and 50% of those referred had surgery postponed due to BDD and suicidal ideation.

Conclusions

Although rare, there are a significant number of patients with BDD who are seen in ENT outpatients. A multi-disciplinary approach should be sought for their management. Surgery, such as septorhinoplasty, may not be the best first step of management. Therefore early identification, meticulous surgical planning, post-operative follow-up and support is needed to ensure that patients have a good outcome

Abdul Nassimizadeh, University Hospital Birmingham

Objectives

A 56 year old male presented with a 4 cm parotid gland carcinoma and underwent a left parotidectomy and a neck dissection followed by radiotherapy. Following surgery he had a 20cm indented scar from his left temple down to his left neck with scar alopecia. He had a tight scar across his neck anteriorly causing a slight restriction of movement and scar contracture. The loss of soft tissue lead to a marked contour deformity of the face and neck.

Methods

Case study of patient undergoing fat grafting in response to scar tissue and facial asymmetry

Results

He underwent 5 episodes of fat grafting from the abdomen ranging from 30cc to 80cc with riggotomies to release the scar tissue. After the last episode of fat grafting he had good facial symmetry with softening of the scar and improvement in the quality and colour of the skin. Most interestingly the hair had regrown within the scar alopecia in his temple.

Conclusions

This case illustrates the potential regenerative benefits of even small volumes of fat grafting to radiotherapied facial scar in resolving the soft tissue deficits and restoring facial symmetry. From the pre and post fat transfer (pictures) results the regeneration of the overlying skin produced outstanding results as well as interestingly the regrowth of hair.

Jawed Tahery, Countess of Chester Hospital NHS Foundation Trust

Objectives

We present our combined approach pinnaplasty technique with discussion of pros and cons and review of literature.

Methods

Retrospective observational review of our practice of pinnaplasty performed by the main author. The main author applies various steps and measures in a combined approach fashion inspired from combined approach tympanoplasty. This includes anterior and posterior incisions and excision of cartilage and mattress suturing. Pre-operative and post-operative photos were taken by our medical illustration department. Our presentation will be supported by appropriate images / video.

Results

We performed ten combined approach pinnaplasties on 5 patients in our NHS institution. The main author performed more in the private sector. There was no need for bandaging and there were no significant complications. All patients were happy with the results.

Conclusions

Despite the small number of patients which could be attributed to NHS restrictions on plastic surgery. We believe this is a valuable technique which adds to the current state of art and could be favoured by many pinnaplasty surgeons.

Abdul Nassimizadeh, University Hospital Birmingham

Objectives

Case study illustrating the potential regenerative benefits of even small volumes of fat graft.

Methods

A 40 year old female presented in Oct 2010 with a spike of cartilage eroding through a full thickness skin graft on her nose. She had a history of Basal Cell Carcinoma excised with Moh's surgery in 1997. This was reconstructed with a full thickness graft and cartilage graft from her ear. She has had no recurrence to date. On examination she had a thin full thickness skin graft to the tip of her nose which had overlying telangiectasia and hypopigmentation. The cartilage framework was prominent and a small area of cartilage was close to eroding through the skin. Whilst shaving the spicule of cartilage would remove the immediate problem it would not improve the overall appearance of the nose. She had previously been offered a forehead flap reconstruction she had declined this on the basis that she did not want additional scars to her forehead. In February 2011 she underwent removal of the spicule of cartilage and fat grafting from the abdomen in order to disguise the framework and potentially re-vascularise the area.

Results

In March 2011 and Jan 2012 she was reviewed in clinic, and was delighted with the results. The overlying skin had improved in texture and quality, the colour had normalised and the telangiectasis had resolved. The cartilage framework was less obvious and the sharp contours hidden.

Conclusions

This minimally invasive approach avoided the need for a complex reconstruction.

Rachel Edmiston, Manchester Royal Infirmary

Objectives

Presentation of a difficult nasal reconstruction case

Methods

This patient required reconstruction of a sizeable full thickness post Mohs defect. Reconstruction was performed using mucosal flaps, ear cartilage and a paramedian forehead flap (PMFF).

Results

One week post-operatively it became clear that the distal PMFF on left alar subunit was non-viable. At four weeks, rather than divide the PMFF in the usual manner, it was released, lengthened, and re-attached. Despite the full thickness failure of the distal PMFF, the underlying pinna cartilage was viable due to a well vascularised anteriorly based septal mucosal hinge flap. This was also not divided at this procedure. The defect healed, and both PMFF and mucosal flap were divided four weeks later.

Conclusions

The PMFF is the so-called 'workhorse flap' for reconstruction of large nasal defects, and is generally very reliable. Failure of the distal part of the flap is a rare complication. In this case a decision was made to delay division, and lengthen the PMFF achieving a satisfactory result. This did require a third stage of surgery, however an alternative technique such as a melolabial flap was avoided. Despite the failure of the distal PMFF, the underlying cartilage graft remained viable, illustrating the importance of the underlying mucosal flap.

Pooja Bijoor, University Department of Otolaryngology and Head & Neck Surgery, Manchester Royal Infirmary

Objectives

A three layer reconstruction is of key importance in the reconstruction of full thickness nasal defects. It is vital to have a vascular mucosal lining and strong cartilaginous support of the skin layer and the techniques required to achieve this will be presented.

Methods

A retrospective review of the senior author's case series of nasal reconstructions was performed and suitable cases were selected to illustrate the importance of the mucosal and cartilage layer in nasal reconstruction.

Results

Two main techniques were adopted to reconstruct mucosal defects. If the defect was less than 1cm a bi-pedicled mucosal advancement technique was adopted following extensive mucosal mobilisation. For larger defects an anteriorly based septal mucosal hinge flap was adopted. Pinna cartilage was used to provide cartilage grafting of defects involving the tip of the nose. These are non-anatomical grafts to support the alar margin and this important technique will be illustrated. Cases where poor results were achieved due to a sub-optimal mucosal lining and cartilage support will also be presented to illustrate the importance of these layers in nasal reconstruction.

Conclusions

Achieving a satisfactory functional and aesthetic result in the reconstruction of full thickness defects is challenging. A three layer approach which includes a skin covering, a cartilaginous framework and an inner mucosal lining is essential. The design and choice of lining flaps requires experience and can be the most difficult aspect of nasal reconstruction. Non-anatomical cartilage grafting is essential for any defect involving the alar margin to prevent flap retraction.

Eyal Schechter, The Christie Hospital, Manchester

Objectives

A 79 year old patient was referred to our tertiary cancer centre for further management of a T2a malignant melanoma due to concerns regarding cosmesis, varying skin types, tension vectors and preservation of orbital function. We report the first successful use of chimeric upper eyelid-supraorbital flap to reconstruct a facial defect encompassing several facial subunits.

Methods

Following wide local excision, the defect involved the entire right nasal sidewall, medial 2/3 of lower eyelid anterior lamella and most of the infraorbital cheek including zygomatic muscles. Chimeric flap was raised based on both right supratrochlear and superior medial palpebral vessels. Nasal sidewall and cheek were resurfaced using the supraorbital aspect, while upper eyelid aspect resurfaced the lower eyelid defect. Both donor sites were closed directly. Prophylactic right lateral canthopexy was performed. Forehead flap was divided 4 weeks later.

Results

Healing was uneventful and both flaps survived completely. Excellent functional and aesthetic outcome was noted on follow up 2 and 4 month postoperatively. Additionally, closure of supraorbital crescent-shape donor site corrected the brow ptosis commonly seen in elderly patients.

Conclusions

Chimeric upper eyelid-supraorbital flap provides simultaneous reconstruction of lower eyelid, nasal sidewall and infraorbital areas, therefore replacing multiple facial aesthetic subunits at the same time with unparalleled tissue quality match. Unlike the well-known paramedian forehead flap, donor site can be closed directly obviating the need for delayed healing or donor site grafting. We propose this flap as the first option in reconstruction of challenging defects encompassing lower eyelid and more than one additional aesthetic facial subunit.

P11: A HIGH VELOCITY FACIAL GUN SHOT WOUND. A CASE REPORT AND REVIEW OF THE ROLE OF FACIAL PLASTICS IN THE RECONSTRUCTION FOLLOWING MASSIVE FACIAL TRAUMA.

Joseph Sinnott, Kent, Surrey, Sussex. Core Surgical Training

Objectives

Massive Facial Trauma requires input from a multidisciplinary surgical team where facial plastics play a key role. The objectives were to analyse the facial plastics techniques used in reconstruction following a close range high velocity facial gun wound. These techniques were then compared to those described in the literature.

Methods

The case was followed from first presentation in A+E through multiple trips to theatre over the following months. Medical photography was used to give an overview of the progress. A Medline search was performed to review the current literature.

Results

Objectively, the outcome for the patient was functionally and aesthetically good. When comparing the techniques to the literature, due to the rarity of such cases, case specific variables and advancements in technology, there was a wide range of techniques described. Reflecting on our case and the techniques used instance we decided on some pertinent learning points.

Anastasia Rachmanidou, University Hospital Lewisham, Lewisham and Greenwich NHS Trust

Objectives

Low-heat driven Coblation technology has been used for tissue reduction and dissection for the last 15 years in ENT surgery. It utilises radiofrequency energy to create precise focused plasma to allow for accurate dissection. The application of Coblation in rhinology and in turbinate reduction surgery is not as widely described. In our department we utilise the Coblator to perform Coblation turbinoplasty in the post-rhinoplasty narrow nose. This allows us to create an increased nasal cavity volume available for airflow, decreasing obstruction and reducing the incidence of nasal valve collapse by creating space mainly at the anterior part of the nasal turbinate.

Methods

In this paper, we describe our experience in the use of Coblation turbinoplasty. We provide a step-wise approach to this technique. Our post-operative protocol is explained and we identify the appropriate indications as well as the surgical pitfalls that we have highlighted from our experience.

Results

We achieved very good outcomes using Coblation turbinoplasty with marked reduction in nasal obstructive symptoms in patients with post-rhinoplasty decreased nasal airway. We identified many advantages for this technique in comparison to alternate approaches to turbinate reduction including the lack of post-operative bleeding and therefore no need for nasal packing allowing for enhanced surgical recovery and a shorter hospital stay post-operatively. The very good outcomes and lack of post-operative bleeding/need for packing makes this method favourable when compared with other methods.

Anastasia Rachmanidou, University Hospital Lewisham, Lewisham and Greenwich NHS Trust

Objectives

Protruding ears are a potential source of psychological distress in children. Pinnaplasty is a surgical procedure that can address the cosmetic and psychological aspect of prominent ears in children as well as adults. Funding policies for cosmetic surgery in the NHS is variable and growing financial strains in recent years has resulted in funding approval being required from local commissioning groups for paediatric pinnaplasties. These pressures have further stressed the importance of avoiding revision surgery and aiming for an optimal outcome in the first procedure.

Methods

Several techniques are extensively described in the literature for pinnaplasties. One of the most commonly used is the Mustarde technique however other methods such as the Converse, Stenstrom and Pitanguy technique are favoured in different surgical hands. We describe our method undertaken by one consultant ENT surgeon with special interest in facial plastic surgery over 10 years. Our method is tailored around the needs of children/adults with very strong cartilage and prominent conchal bowl. A combination of anterior cartilage scoring with excision of conchal bowl and post auricular skin where required has led to optimal to aesthetic outcomes. The technique is clearly described in a step-wise manner. We stress the importance of meticulous post-operative care and dressing application.

Results

We present the results of a case series of paediatric patients who have undergone this procedure with very good cosmetic results and patient reported outcomes. Pre and postoperative photographs are provided.

Mr. S. Alam Hannan, FRCS(ORL-HNS), Royal Free London NHS Foundation Trust

Objectives

OBJECTIVES: The earFold™ implantable clip system is a new treatment for prominent ears, ideally those secondary due to poor development or absence of the antihelical fold. earFold™ is a permanent implant made from a nickel-titanium alloy with a pre-determined shape. The implant is fixed to the cartilage then released, allowing it to return to its pre-determined shape, thereby folding the underlying cartilage and correcting any prominence of the ear. We present our early experience with the use of the implant.

Methods

METHODS: Over 21 months, we have used 1200 implants to treat 403 patients with prominent ears. Outcomes were recorded with videos, photography and case records.

Results

RESULTS: Most patients needed 2 implants per ear, but some patients had unilateral prominence while others needed 3 implants per ear. If an adverse outcome occurred, the problem was invariably only due to a single implant. Problems included infection (1.8%), extrusion (3.0%), repositioning (3.7%). There were no reports of haematomas, adverse scarring, skin problems or recurrence of prominence.

Peter Andrews, Royal National Throat, Nose and Ear Hospital

Objectives

The management of long-standing facial palsy, of any severity, is fragmented and variable and many patients languish without a structured holistic management plan with few treatment options. Our facial function clinic includes the expertise of a lateral skull base surgeon, a facial plastic surgeon and allied professionals. We provide a full range of static and dynamic reanimation procedures, including nerve anastomosis and the minimally invasive temporalis tendon transfer technique (MIT3). This involves a nasolabial fold incision and attachment of the temporalis muscle tendon to the modiolus of orbicularis oris. These techniques can all be used simultaneously with our available expertise.

Methods

Clinical photographs were taken pre and postoperatively. These were analysed using the objective scaled measurement of improvement in lip excursion (SMILE) and the subjective FACE instrument questionnaire.

Results

10 patients underwent the MIT3 procedure, 4 of whom also had concurrent facial nerve surgery. 1 patient had facial nerve reanastomosis along with static reanimation procedures. The SMILE score showed significant improvement in lip excursion and facial symmetry post-operatively. The subjective FACE score was also significantly improved

Conclusions

The MIT3 technique, combined with other facial reanimation techniques is effective in improving outcomes following facial nerve paralysis.

P16: HOW DOES QUALITY OF LIFE CORRELATE WITH APPEARANCE IN RHINOPLASTY PATIENTS? AND WHAT DO RHINOPLASTY PATIENTS DISLIKE ABOUT THEIR NOSE?

Charles East FRCS, Rhinoplasty London, The London Clinic

Objectives

To measure quality of life and appearance in rhinoplasty patients, and what do rhinoplasty patients dislike about their nose?

Methods

PROM questionnaire FACE-Q

Results

Satisfaction with the nose associates with satisfaction with the face

Distress and expectation correlate strongly, expectations and stress correlate (patients with higher BDD symptoms expect surgery will transform them, but cannot identify these from appearance score)

Psychological wellbeing correlates with nose appearance, face, expectations and stress (later 2 both negatively)

The three main issues about appearance relate to 1.how the tip of the nose looks, 2.how the nose looks smiling .3.how the nose looks laughing