OPENING THE STENOSED NOSTRILL : HOW I DO IT

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ABSTRACT : *Acquired stenosis of the anterior nares can often be a refractory problem. A z-plasty utilizing a cheek flap was used to obtain a one-stage opening of the stenosed nostril in three cases. The procedure obviates the need for prolonged stenting and leaves only an unobtrusive scar.*

PROCEDURE

Stenosis of the anterior naris is an uncommon albeit difficult problem faced in clinical practice. Stenting for prolonged periods and frequent dilatation is usually futile due to recurrent granulation tissue and lack of cutaneous cover. I have utilized a modified z-plasty to widen the nostril with a small triangular cutaneous flap from the naso-facial region in order to obtain a long lasting patency of the nostril. This procedure has been used in three cases

in the recent past with satisfactory results.

The ability of a z-plasty to yield elongation (Davis and Boyd, 1990) is exploited in re-establishing patency of the stenosed nostril. The central limb of the z-plasty is made about two centimetres long and placed obliquely in a superolateral to inferomedial direction (Fig. I). The upper portion of this limb is made a millimetre or so lateral to the alar-facial crease. This helps to conceal the incision and

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Fig. I : Diagram showing the incision (dotted line).

Fig. II : Incision made and cheek flap raised.

Fig. III : The alar and cheek flaps being transposed.

Fig. IV : The final result.

Fig. V : Pre-operative appearance.

Fig. VI : Post-operative result in the same patients.

also facilitates suturing as a fringe of free skin obviates the need to undermine skin which is tightly adherent to the alar cartilage. The vertical limbs are made at an angle varying from 30 to 45 degrees depending on the severity of stenosis. The greater the stenosis the greater should this angle be. The medial vertical limb is extended well into the floor of the nose. The inferiorly based cheek flap is then rotated into the floor of the nose where it is stabilized by a few tacking sutures of 6-0 nylon. The upper flap which consists of the ala is sutured laterally in to the resultant defect (Fig. II, III, IV).

This procedure (Fig. IV & V) dispenses with the need to stent the nostril. 6-0 nylon is an ideal suture for this procedure. This technique has two main advantages : it widens the anterior nares by actually repositioning the ala laterally and simultaneously covering the resultant raw area in the floor of the nose with the small cutaneous cheek flap. Moreover, the final scar is inconspicuous as it blends well with the natural contour lines around the nose and the upper lip.

REFERENCES

1. Davis W. E., Boyd J. H., (1990) Z-plasty. *Otolaryngologic clinics of North America*, 23 : 875-887.