

## Treatment of Cleft Lip Nasal Deformity

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In unilateral cleft lip repair, we use Millard's modified method. The alar cartilage is usually not treated. However, when the nostril is deformed, "reverse-U incision" is used and the alar cartilage of the cleft side is rotated medially and fixed to the alar cartilage and upper lateral cartilage with buried sutures. Using this method, the symmetrical nostril can be gained. However, in some patients, nasal deformity becomes obvious as they grow. Social pressure at 4 to 6 years heighten the patient's awareness of the residual nasal deformity, and consequently demands for correction intensity. Usually, "reverse-U incision" is used and the satisfactory results are expected. In severely deformed cases, and auricular cartilage is grafted along the nostril rim. The depression of the alar base is repaired when alveolar bone graft is performed around 10 years. After adolescence, the corrective rhinoplasty is performed. The external, or open method, allows direct vision of the cartilaginous and bony vault, including the entire septum, and the entire lower lateral cartilage as well as the septum are exposed. The deformed septum, which obstructs the nasal airway, is completely removed. The turbinectomy is performed simultaneously. The removed septal cartilage is inserted between the lower lateral cartilages for the structural support of the columella. In severely deformed cases, a cantilever iliac bone graft on the nasal dorsum is performed. The bone graft is used for additional structural support and to achieve the desired nasal projection and profile. Augmenting the nasal bridge creates the illusion of a narrower nose.

Our policy in the treatment of cleft lip nasal deformity is that the cartilaginous structures, especially alar cartilages, are not treated or treated as slightly as possible if necessary before puberty and corrective rhinoplasty is performed after puberty using structural supports.