appropriate (usually 3-5mm) amount of medial crura is resected from the mid-columellar segment. The columellar strut graft is placed and the cut ends of the crura are overlapped and sutured over the strut graft using 5-0 PDS.

RESULTS/COMPLICATIONS: Nineteen patients matched inclusion criteria, with a mean age of 39 years old. Six patients (32%) had a history of a prior rhinoplasty procedure. In addition to resection of the medial crura, thirteen patients (68%) also had resection of their lateral crura. All patients underwent a septal resection and 18 (95%) received a columellar strut. Three (16%) patients had spreader grafts inserted and three (16%) patients had a tip graft placed. There were no complications in this series. Postoperative cosmesis was considered excellent by both patient and surgeon in all cases at mean follow-up of 11 months.

CONCLUSION: Manipulation of the medial crura of the lower lateral cartilages is not inherently detrimental to tip support if performed judiciously and reinforced with a columellar strut graft acting as a buttress to the caudal medial crura. This technique is most useful to decrease tip projection or when tip projection is at goal, but domal shaping sutures would increase it and create over-projection. In both scenarios, resecting a portion of the mid-columellar medial crura leads to a predictable decrease in tip projection. We have not encountered any cases of support deficiency postoperatively. We encourage incorporating this technique to address over-projected noses and to prevent over-projection that may result from domal suture techniques.

Randomized Comparative Study of the Peripalpebral Edema and Ecchymosis Caused By Internal Continuous and External Perforating Osteotomy Procedures in Rhinoplasty

Presenter: Denis souto Valente, MD, PhD
Co-Authors: Niveo Steffen, MD, MSc; Sibelie Valente, MSc
Affiliation: Pontifical University Catholic Rio Grande do Sul, Porto Alegre

BACKGROUND: There is a direct relationship between the lateral osteotomy procedures and the edema and the ecchymosis occurring in the postoperative period. These undesirable effects of surgery cause anxiety and dissatisfaction in the operated patient and extends the period in which the individual must abstain from working. Therefore, a technique of osteotomy should not only be precise, reproducible and safe, but should also minimize postoperative sequelae, including ecchymosis and edema. The ideal nasal osteotomy technique remains controversial. The objective of this study is to compare, at the end of the 1st postoperative week, the peripalpebral edema and ecchymosis caused by internal continuous and external perforating osteotomy.

METHODS: A randomized prospective longitudinal study was conducted. Inclusion criteria: Rhinomegaly, need for lateral osteotomy defined preoperatively, normal hematological and cardiopulmonary screening tests and signing of the written consent form agreeing with its items following the explanation of the study by the assistant physician. Exclusion criteria for the study: Transoperative need for medial osteotomy, history of use of dermal fillers in the nose, systemic arterial hypertension, combined surgery, the need for septoplasty in conjunction and Diabetes Mellitus. The randomization process occurred by alternate allocation. Each patient was assigned to one of the two groups. In group I patients underwent rhinoplasty with external osteotomy. In group II internal osteotomy was performed. When patients returned for the 1 week review photography was done. The photos were analyzed by two blinded plastic surgeons. In their analysis they rated the degree of edema and ecchymosis utilizing a scale.

RESULTS: 63 patients were studied. 22 patients in group I and 41 patients in group II. The characteristics of both groups were comparable. Group II showed statistically significant lower rates compared to Group I reflecting a lower perception of ecchymosis when the external osteotomy was performed. No statistically significant difference between them was found when compared for ecchymosis.

CONCLUSION: Internal continuous osteotomy produces more ecchymosis at the end of the initial postoperative week than that of external perforating osteotomy. No difference between the two groups was found in terms of peripalpebral postoperative edema.

REFERENCES:
1. Rohrich RJ, Janis JE, Krueger JK, Adams WP. Importance of Lateral Nasal Osteotomy: An External Perforated Approach. In: Gunter JP, Rohrich RJ, Adams WP (eds.), Dallas Rhinoplasty: Nasal Surgery By The
2. van Loon B, van Heerbeek N, Maal TJ et al. Postoperative volume increase of facial soft tissue after percutaneous versus endonasal osteotomy technique in rhinoplasty using 3D stereophotogrammetry. Rhinology. 2011;49(1):121–6.

3. Gryskiewicz JM, Gryskiewicz KM. Nasal osteotomies: a clinical comparison of the perforating methods versus the continuous technique. Plast Reconstr Surg. 2004;113(5):1445–56.

4. Gruber R, Chang TN, Kahn D, Sullivan P. Broad nasal bone reduction: an algorithm for osteotomies. Plast Reconstr Surg. 2007;119(3):1445–53.

5. Kara CO, Gökalan I. Effects of single-dose steroid usage on edema, ecchymosis and intraoperative bleeding in rhinoplasty. Plast. Reconstr. Surg. 1999; 104(7):2213–8.

**Autologous Fat Grafting’s Role in Primary Rhinoplasty**

**Presenter:** Kyle Gabrick, MD

**Co-Authors:** Cyril Gary, MD; Ean Saberski, MD; Fouad Chouairi, BA; Marc E. Walker, MD, MBA; Rajendra Sawh-Martinez, MD, MHS; Derek M. Steinbacher, MD, DMD

**Affiliation:** Yale Medical School, New Haven, CT

**BACKGROUND:** Autologous fat is a safe and effective soft tissue filler. Reports of the efficacy of fat grafting to enhance rhinoplasty in the literature are scarce. This study is a retrospective study investigating the effect autologous fat grafting on edema and ecchymoses as well as Face-Q scores following rhinoplasty.

**METHODS:** Patients undergoing rhinoplasty at Yale New Haven Medical Center were reviewed. 3-D images were acquired utilizing a Vectra 3-D camera (Canfield Scientific, NJ). All measurements were performed with Mirror (Canfield Scientific, NJ). Ecchymoses were outlined utilizing a magnetic lasso followed by an area measurement. Edema was measured by subtracting the post-operative image from the pre-operative image excluding the nose and mouth from the region of interest. Edema and ecchymosis were measured at 7–10 day and 4–6 week intervals. Significance is defined as p=0.05. Patients were asked to complete the satisfaction with face, nose, and nostrils in addition to the social and psychological function modules of the Face-Q.

**RESULTS:** One hundred patients underwent primary rhinoplasty with the senior author from 2013–2017. 40 were identified which did not have fat grafting. Age, gender, surgical approach, and osteotomy distribution was similar between the groups. In the 7–10 day time interval the fat grafted group showed 1.15cc greater edema, (p=0.65) and 3.67cm² fewer ecchymoses (p=0.05). In the 4–6 week interval, the fat grafted group showed a lower amount of edema 5.5cc vs 6.27 (p=0.64) and 0.5cm² fewer ecchymoses (p=0.42). Overall patients reported a high degree of satisfaction with appearance of the nose (75.9 +/- 5.1), the nostrils (82.3 +/- 5.2), and of the face overall (75.2 +/- 5.0), and also reported a high degree of both psychological function (82.0 +/- 5.0) and social function (79.4 +/- 5.2) per the FACE-Q.

**CONCLUSION:** Autologous fat grafting is a useful adjunct procedure to rhinoplasty associated with a significantly lower amount of ecchymoses in the acute post-operative period and a lower amount of edema and ecchymoses four to six months following surgery. Additionally, fat grafting in rhinoplasty is associated with a high degree of patient satisfaction, psychological, and social outcomes.

**Necklift through a Submental Incision: Does It Really Work?**

**Presenter:** Christopher C. Surek, DO

**Co-Authors:** Carlos Ordenana, MD; Isis R. Scomaco, MD; Eliana F. R. Duraes, MD, PhD; James E. Zins, MD, FACS

**Affiliation:** Cleveland Clinic, Cleveland, OH

**PURPOSE:** While necklift through a submental incision has been well described, its effectiveness is still questioned by some authors.1–4 The goal of this study was to assess the success of the procedure in aging necks of varying severity. Additionally, we sought to determine the utility of this operation in patients with severe neck deformities including obtuse cervicomental angles and significant skin laxity.