Posters

Achieving a Balanced Nasal Profile in Patients with Pseudo-Hump: Conservative Hump Reduction and Modified Spreader Graft for Augmentation of the Dorsum and Tip

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INTRODUCTION: Correction of the hump nose entails more than just simple elimination of the dorsal hump. Recent trend is toward conservative reduction of the hump and appropriate adjustment of the radix height. East Asians often present with pseudo-hump, due to underprojected radix or tip, which accentuates the height of the hump. This study introduces our method of pseudo-hump correction and achieving a balanced nasal profile with minimal reduction of the hump and augmentation of the dorsum and tip with a modified extended spreader graft.

METHODS: A retrospective review was conducted of 97 consecutive cases of Korean patients undergoing hump reduction with simultaneous augmentation of the radix with resected hump fragment, and augmentation of the nasal dorsum with modified spreader grafts with septal extension. No implants were used in any of the patients. Anthropometric analysis was performed and patient satisfaction was evaluated at postoperative 1-year. Average follow-up period was 15 months.

RESULTS: Postoperatively, hump was eliminated and the dorsum and tip were successfully elevated using only autologous septal cartilage. The radix was augmented without surface irregularity or graft visibility. Nasal dorsum, tip, and radix projection, increased significantly after surgery. Subjective evaluation revealed a high level of satisfaction in 84 percent, and improvement in the rest of the patients.

CONCLUSION: Our multi-purpose bilateral extended spreader graft positioned above the septal plane was effective in dorsal and tip augmentation without the need for alloplastic material. Radix augmentation was an important component of our conservative approach towards hump reduction combined with augmentation of the relatively deficient areas of the nose to produce a balanced nasal profile.
spreader grafting during rhinoplasty. The aim of this study was to utilize previously validated measures to assess objective, functional outcomes in patients who underwent open and closed rhinoplasty with spreader grafting.

METHODS: We performed a retrospective review of consecutive rhinoplasty patients. Patients with internal nasal valve insufficiency who underwent an open or closed approach functional rhinoplasty between 2007 and 2016 were studied. The Cottle test and NOSE survey was used to assess nasal obstruction. Patient reported symptoms were recorded. Acoustic rhinometry was performed pre- and postoperatively. Average minimal cross-sectional area (CSA) of the nose was measured.

RESULTS: There were 178 patients reviewed over a period of eight years. Thirty-eight patients were included in this study. Of those, thirty patients underwent closed rhinoplasty and eight underwent open rhinoplasty. Mean age was 36.9 ± 18.4 years and mean BMI was 24.8 ± 4.4 kg/m². The average CSA (Powered by Editorial Manager® and ProduX-ion Manager® from Aries Systems Corporation) in the sides that underwent spreader grafting significantly increased from 0.63 ± 0.29 cm² to 1.01 ± 0.78 cm² (0.38 ± 0.78, p=0.018). Separating patients into subgroups of open or closed rhinoplasty with spreader grafting revealed a significant increase in CSA in the open group 0.58 ± 0.31 to 1.15 ± 0.95 (0.57 ± 0.81, p=0.019). There was also an non-statistically significant increase in CSA in the closed group but not statistically significant (0.68 ± 0.26 to 0.87 ± 0.56 (0.20 ± 0.65, p=0.60)). There was a statistically significant difference in the increase in CSA for open vs. closed rhinoplasty with spreader grafting (0.57 ± 0.81 to 0.20 ± 0.65, p=0.011). There was a functional improvement in all presented cases using the NOSE scale evaluation.

CONCLUSION: Open and closed rhinoplasty with spreader grafting may play a significant role in the treatment of nasal valve collapse. There appear to be objective outcome differences in for two approaches. Closed rhinoplasty with spreader grafting has satisfactory patient reported outcomes.

Efficacy and Safety of N1539, Intravenous Meloxicam, in a Phase 3 Study of Subjects with Moderate to Severe Pain Following Abdominoplasty

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This Phase 3, multicenter, randomized, double-blind, placebo-controlled trial evaluated the efficacy and safety of N1539 in 219 subjects with moderate to severe pain following abdominoplasty. Subjects were enrolled and randomized to treatment (1:1 ratio) with N1539 30 mg or placebo administered via IV push every 24 hours for up to three doses. N1539 is a novel intravenous (IV) formulation of NanoCrystal Colloidal Dispersion® meloxicam, a nonsteroidal anti-inflammatory drug (NSAID), developed for the management of moderate to severe pain.

Baseline characteristics were similar between groups, with a mean pain intensity (numeric pain rating scale, 0–10) of 7.2 in the N1539 group and 7.4 in the placebo group. In the primary efficacy assessment, N1539 demonstrated a statistically significant reduction in the summed pain intensity difference (SPID) through 24 hours following Dose 1 (SPID24; p=0.0145) compared to the placebo group. Statistically significant reductions in SPID were also observed through 12 hours (SPID12; p=0.0434) and 48 hours post Dose 1 (SPID48; p=0.0040) compared with placebo. The study achieved numerous other secondary end-points, including statistically significant differences in time to perceptible pain relief (p=0.0050), number of subjects with ≥30% improvement in pain reduction at 24 hours (p=0.0178), number of times subjects required rescue analgesia in the first 24 hours (p=0.0275) and from 24 to 48 hours (p=0.0009), along with other pain endpoints.

The safety results demonstrated that N1539 was well tolerated with no difference in adverse event (AE) reporting between the groups. Two serious AEs (SAEs) related to bleeding were reported (one event in each treatment group), with two additional SAEs reported in the placebo group. The most common (≥2%) treatment-emergent AEs (TEAEs) in N1539 treated subjects were nausea, headache, vomiting, and dizziness, which