Response to “Anatomic Columellar Strut, An Alternative Paradigm?”

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I thank Lehao et al for their compliments about our article “Concept of Anatomic Columellar Strut Grafting in Rhinoplasty: An Algorithmic Approach.” In addition to their comments, they pose 2 questions in their Letter to the Editor: (1) How we can apply the anatomic strut concept in the Asian population? (2) What considerations need to be given to septal extension graft vs columellar strut grafting to ensure long-term results and stability of the anatomic columellar strut?

The concept of the anatomic columellar strut aims to add a 3-dimensional element to the columellar strut according to the natural anatomy between the medial cruras, and provides a basis for patient selection in terms of skin thickness. Thick skin needs a strong strut which can be constructed from lower septum; struts for medium-thickness skin can be made from dorsal resection material; but thin skin requires a tailor-made strut.

I prefer the closed approach for rhinoplasty and I organize the annual Closed Atraumatic Rhinoplasty Course to demonstrate my surgical philosophy, including my methods for Asian rhinoplasty—a subject in itself. Problems in Asian patients include the thick, bulbous tip and short columella with a low dorsum, wide base, and pyramidal angle. If one elects in this population to apply a columellar strut with the anatomic approach, the best option will be to utilize the lower septal part. However, if one decides to apply a septal extension graft with the anatomic approach, an anatomic columellar septal extension graft can be created. In this way, one can enjoy the best of both worlds (Figure 1).

I read the article cited by Lehao et al and disagree that there are just 2 ways, ie, columellar strut and septal extension graft, to provide tip rotation and support. Also, the method should be individualized for each patient to achieve good results instead of considering mean projections. As Toriumi mentioned, ethmoid graft is very useful for stabilizing the septal extension graft, and I use it when taking the closed approach. However, I disagree that...
septal extension grafts offer the only option and that the nose should be built up on this segment. Septal extension grafts can be effective when performed on just the central leg of Alexander’s tripod. However, we have 3 legs on the lower crura with which to arrange tip rotation and projection. Medial cruras are the central leg of this tripod and lateral cruras establish the lateral legs on both sides. Here, I offer a useful trick: the ST (superior-based transposition) flap technique is a very powerful weapon that involves utilizing the lateral legs of the tripod to achieve tip rotation and projection. Figure 2 shows how just the ST flap technique was sufficient to achieve tip projection and rotation in an Asian patient.

Another trick is to rotate the septum caudally so that it can serve as a septal extension graft by exploiting the fix-down technique. Figure 3 shows how this approach can create a natural septal extension graft. If you are not satisfied with the tip support or rotation, a variety of adjunctive techniques can be used, such as deep superficial musculoaponeurotic system suture, tongue-in-groove suture, or septocolumellar suture (Figure 4).

There is no perfect technique for all kinds of noses. However, as rhinosurgeons, we need to approach the nose with the philosophy “not only preserve but also support” to achieve long-lasting, beautiful results.

Disclosures
The author declared no potential conflicts of interest with respect to the research, authorship, and publication of this article.
The author received no financial support for the research, authorship, and publication of this article.

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