



Eskişehir Osmangazi Üniversitesi

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7.

Güncel Bilgi Buluşmaları

Sunum Özet ve Tam Metinleri

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Eskişehir Osmangazi Üniversitesi
11-12 Haziran 2020

7. Güncel Bilgi Buluşmaları
Kongresi
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gerçekleştirilmiştir.

7. Güncel Bilgi Buluşmaları
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7. Güncel Bilgi Buluşmaları

11-12 Haziran 2020 Eskişehir Osmangazi Üniversitesi

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İçinde bulunduğumuz COVID 19 pandemi döneminde, 11-12 Haziran 2020 tarihlerinde **Eskişehir Osmangazi Üniversitesi’nde** gerçekleşen “**7. Güncel Bilgi Buluşmaları**” toplantımıza fiziki olarak katılan ve online olarak sunumlarını gerçekleştiren tüm meslektaşlarımıza teşekkür ederiz.

Bu toplantı, adından da anlaşılacağı gibi bir bilgi tazeleme buluşmasıydı. Tıp alanında her gün yeni gelişmeler olmakta ve günlük pratik yoğunluğun içinde bu gelişmeleri takip etmek her zaman mümkün olamamaktadır. Özellikle bu sıra dışı dönemde, kolaylıkla buluşma imkanı bulamadığımız için, böyle bir toplantı yapmayı uygun bulmuştuk ve toplantıya gösterilen ilgi bu düşüncemizin doğru olduğunu kanıtladı.

Tüm katılımcılara teşekkür ederiz. Sağlıklı günlerde tekrar buluşmak dileği ile...

Saygılarımızla,

Prof. Dr. Cemal Cingi

7. Güncel Bilgi Buluşmaları

Kongre Başkanı

7. Güncel Bilgi Buluşmaları

11 Haziran 2020 Eskişehir Osmangazi Üniversitesi, Eskişehir

11.Haz.20			
Saat	Konu	Konuşmacı	Moderatör
08:45 - 08:53	Otomycosis: A review of the literature	Neslihan Sarı	Erkan Özüdoğru Hamdi Çaklı
08:53 – 09:01	Serum Aminoacid Profile in Chronic Otitis Media	Nihal Efe Atila	
09:01 - 09:09	Fess Temel Basamakları	İsmail Salcan	
09:09 - 09:17	Retrospective Analysis of Cervicogenic Vertigo Patients Using Dizziness Handicap Inventory	Fatih Oğhan, Muhammed Fatih Topuz, Seçkin Akbal	
09:40 - 10:00	Erken evre larenks kanserinde cerrahi tedavi yaklaşımı	Kezban Gürbüz	
10.00 - 10:15	Endoskopik Kulak Cerrahisi: Anatomi	Ercan Kaya	
10.15 - 10:30	Bilateral Vokal Kord Paralizisine Yaklaşım	Özgür Pınarbaşı	
10:30 - 11:00	Kahve arası		
11:00 - 11:20	Açılış Konuşmalar Prof. Dr. Armağan İncesulu ESOĞÜ KBB ADD Başkanı Prof. Dr. Özkan Alataş. ESOĞÜ Tıp Fakültesi Dekanı Prof.Dr.Dr.jur.h.c. Kemal Şenocak, LL.M ESOĞÜ Rektörü		Aslı Şahin Yılmaz Cemal Cingi
11:20 - 11:40	Pandemi Döneminde Kaygı	Gülcan Güleç	
11:40 - 12:00	Covid 19: Güncel Çalışma Özetleri	Erkan Özüdoğru	
12:00 – 12:32	Serbest Bildiriler		
12:00 - 12:08	Presbiakuzili hastalarda odyogram konfigürasyonları eşliğinde etyolojik faktörlerin Değerlendirilmesi	Sertaç Düzer	
12:08 - 12:16	Evaluation of Auditory Effects of Adenoid Hypertophy in children with otitis media with effusion by wideband tympanometry and pure tone audiometry.	Nesibe Gül Yüksel Aslier	
12:16 - 12:24	Cervical thymic cyst: A rare differential diagnosis in lateral neck masses	Özlem Yağız	
12:24 - 12:32	The Association Between Chronic Rhinosinusitis and Non–cystic Fibrosis Bronchiectasis in Children	Ayşe Ayzit Kiliñ, Haluk Cokuğraş	
12:32 - 13:30	Öğle Yemeği		
13:30 - 13:50	Rinoplastide Kostal Kartilaj Alınması	Sinan Eroğlu	Görkem Eskiizmir Kezban Gürbüz
13:50 - 14:10	Alerjik Rinit Tedavisine Güncel Bakış	Elif Altuntaş	
14:10 - 14:30	Larenks Kanserinde N/O Boyuna Yaklaşım	Elif Ersoy Çallıoğlu	
14:30 - 14:50	Dudak Kanserlerine Güncel Bakış	Nihat Susaman	
14:50 - 15:10	Tükrük Bezi Tümörlerine Güncel Yaklaşım	Suphi Bulgurcu	
15:10 - 15:30	Postoperatif Radyoterapi Sonrası Gelişen Yüz Defektlerine Yaklaşım	Fatih Oğhan	
15:30 - 16:00	Kahve arası		
1600 -17:20	Serbest Bildiriler		Elif Altuntas Nihat Susaman
16:00-16:08	The Evaluation Of The Relation Between Nasal Polyp Etiopathogenesis And The Amount Of Biofilm	Kazım Bozdemir, Elif Ersoy Çallıoğlu, Selami Candan, Yüce İslamoğlu, Serkan Şerifler	
16:08-16:16	Nadir Görülen Kraniyal Uzanımlı Sphenoid Sinüs Dejenere Schwannoma Olgusu	Onur Tanrısever, Yavuz Atar, Ruslan Hummatov, Gamze Bulduk	
16:16-16:24	Koanal Atrezi	Rezzan Okyay Budak	
16:24-16:32	Seconder Versus Revision Rhinoplasty: Which One Is Difficult?	Bahadır Baykal	
16:32 - 16:40	The Effect of Nazal Septum Deviation on Erectile Function And Quality Of Life	Serkan Akan, Suphi Bulğurcu	
16:40 -16:48	Evaluation of Nasal Mucociliary Transport Time with Saccharin Test in Patients with Nasal Septal Deviation	Celal Gunay, Bülent Demir	
16:48 - 16:56	Glomangiopericytoma in Nazal Cavity: Case Report	Burak Dikmen, Hakan Avcı	
16:56 - 17:04	Effect of duration and dose of preoperative oral steroid use on peroperative bleeding volume and operation time in patients with nasal polyps	Özlem Akkoca	
17:04 - 17:12	Our Autogenous Cartilage Graft Types in Rhinoplasty	Sinem Gökçe Kütük	
17:12 - 17:20	Polipsiz Kronik Sinüzit Ve Alerjik Rinit İlişkisinin Allerjik Rinit Semptom Skoru (SFAR) İle Değerlendirilmesi	Elif Ersoy Çallıoğlu	

7. Güncel Bilgi Buluşmaları

12 Haziran 2020 Eskişehir Osmangazi Üniversitesi, Eskişehir

12.Haz.20			
Saat	Konu	Konuşmacı	Moderatör
09:00 - 10:30	Serbest Bildiriler		
09:00 - 09:10	Evaluation of Auditory Effects of Adenoid Hypertrophy in children with otitis media with effusion by wideband tympanometry and pure tone audiometry.	Nesibe Gül Yüksel Aslier	Ercan Kaya Cemal Cingi
09:00 - 09:10	Diet and Covid 19 death rates	Cemal Cingi , Nuray Bayar Muluk	
09:20 - 09:40	Rinosinüzite Güncel Bakış	Aslı Şahin Yılmaz	
09:40 - 10:00	Rinoplastide Temel Yaklaşım Teknikleri	Muhammed Dilber	
10:00 - 10:15	Nasal Yolla İlaç Uygulamaları	İskender İnce	
10:15 - 10:30	Nazal Uygulamalarla Rinosinüzit Tedavisi	Cemal Cingi	
10:30 - 11:00	Kahve arası		
11:00-12:20	Serbest Bildiriler		
11:00-11:08	Tiroid Malignansilerinde Boyuna Yaklaşım	Fazilet Altın	Fatih Oğhan Özgür Pınarbaşı
11:08-11:16	Retrospective Analysis of Oral Cavity Benign Masses	Saffet Kılıçaslan, Ahmet Köder	
11:16-11:24	Neck Metastasis in Transglottic Laryngeal Carcinomas Level IIB	Dursun Mehmet Mehel, Doğukan Özdemir, Gökhan Akgül	
11:24-11:32	Cervical Necrotizing Fasciitis: A Report of the Two Patients and Review	Yaser Said Çetin	
11:32 - 11:40	Comparison of Pathology Results and FNAB Results of Patients Undergoing Thyroidectomy	Tuğçe Şimşek	
11:40 - 11:48	The effect of Endoscopic Examination on Children's Behavior in Adenoid Diagnosis	Selcuk Cem Erdurak, Erdal Sakallı	
11:48 - 11:56	The Evaluation of Nasal Septal Body In Pediatric Patients	Kübra Çoban, Fulya Özer, M. Volkan Akdoğan	
11:56 - 12:04	Intensive Care Patients Tracheotomy Results	Ahmet Köder, Saffet Kılıçaslan	
12:04 - 12:12	Acoustic Analysis of Snoring Sounds to Determine the Site of Obstruction in Obstructive Sleep Apnea/Hypopnea Syndrome	Berk Gürpınar, Tolgar Lutfi Kumral, Yavuz Uyar	
12:12 - 12:20	COVID-19 Pandemisi ve Kulak Burun Boğaz ile İlgili Özellikler	Nuray Bayar Muluk, Cemal Cingi	
12:30 - 13:30	Öğle Yemeği		
13:30 - 15:30	Serbest Bildiriler		
13:30 - 13:38	Outcomes of Probing in Congenital Nasolacrimal Duct Obstruction	Hasan Aytoğan	Murat Kar Nuray Bayar Muluk
13:38 - 13:46	Parotis Bezi Kitlelerinin Sistemik Parametrelerle İlişkisi	Bilal Sizer	
13:46 - 13:54	Association Between Bell's Palsy and COVID-19	Murat Kar	
13:54 - 14:02	Erişkin Hastalarda Prick Testi Sonuçlarımız ve Değerlendirilmesi	Nagehan Erdoğan Küçükcan	
14:02 - 14:10	Tracheostomy as a Cause of Pneumonia	Mehmet Yaşın	
14:10 - 14:18	COVID-19 Pandemisinde Kulak Burun Boğaz ve Cerrahi Girişimler	Nuray Bayar Muluk, Cemal Cingi	
14:18 - 14:24	Salgın Döneminde Sağlık Personeli Arasında İletişim	Can Cemal Cingi	
14:24 - 14:32	Acilde Serviste Covid-19 Hastalarına Yaklaşım	Bahar Işık	
14:32 - 14:40	Covid-19 Yalancı Pozitiflik Nedenleri	Sümeyye Akyüz	
14:40 - 14:48	Gebelikte Alerjik Rinite Yaklaşım	Sefa İnce	
14:48 - 14:56	Free Jejunum and Gastro-Omental Flap in Oral Cavity Reconstructions	Kemal Kef	
14:56 - 15:04	Comparison of Endoscopic and Microscopic Type 1 Tympanoplasty for Chronic Otitis Media: Anatomic and Functional Results	Abitter Yücel	
15:04 - 15:12	Use of Auricular Cartilage in Revision Rhinoplasty	Ali Sayed Resuli	
15:12 - 15:30	Pediyatrik Havayolu Hastalıklarında Tanı ve Tedavi	Murat Kar	
15:30 - 16:00	Toplantı Değerlendirme		

2020.2.1

USE OF AURICULAR CARTILAGE IN REVISION RHINOPLASTY

Ali Seyed Resuli MD

İstanbul Yeni Yüzyıl University, Istanbul

ABSTRACT

Objective: Although the use of auricular cartilage graft is easier and more practical, it is harvested in a limited amount as there may be deformity in the ear after cartilage dissection. Hematoma formation, wound and delayed wound closure, rarely encountered (iatrogenic or infection-induced) complete conchal defect, ulceration, fistulae perforation or thickening defect, and ear asymmetry can be seen After auricular cartilage dissection and removal. In this study, it is aimed to reveal the auricular suture repair technique and re-grafting and benefits of the proposed auricle suture repair technique by harvesting the maximum amount of en-block auricular (concha) cartilage in revision rhinoplasty surgery.

Method: After the conventional rhinoplasty operation, the remaining cartilage was sliced to prevent the development of auricular deformity, and the ends were sutured with 6/0 prolene, spinning like a spider web. Then the incision was sutured with a 4-0 catgut. To prevent hematoma formation in the postoperative period, support was applied to the auricle. The results of patients who underwent revision rhinoplasty (n = 52) were evaluated by a researcher using the AC graft retrospectively. After rhinoplasty, patients' cosmetic satisfactions were evaluated.

Findings: Nine patients had septoplasty and 43 patients had septoplasty and rhinoplasty together. In the AC grafts harvested; columellar strut was used in 16 of 52 patients, spreader was used in 13 of 52 patients, Cap was used in 13 of 52 patients, lateral crural strut was used in 8 of 52 patients, dorsal onlay was used in 7 of 52 patients, alar rim was used in 8 of 52 patients, shield grafts were used in 8 of 52 patients, and butterfly grafts were used in 1 of 52 patients. The appearance of the donor settlement site was found satisfactory by both the patient and the surgeon in all cases. There was no infection and ear hematoma.

Conclusion: Auricular cartilage dissection with posterior auricular incision is more advantageous than the anterior approach, as it provides better cosmetic look and scar camouflage without any significant increase in complications and difficulties. The large or en-block conchal auricular cartilage described in our technique provides sufficient tissue for both larger grafts (such as dorsal onlay grafts, spreader grafts and columellar strut) and multiple grafts. Grafting the unused and remaining auricular cartilage parts after rhinoplasty to the dissected ear using our technique may prevent auricular collapse and other aesthetic defects (rare complications) that may be seen in the postoperative period.

Keywords: revision rhinoplasty, auricular cartilage, graft, deformity

USE OF AURICULAR CARTILAGE IN REVISION RHINOPLASTY

INTRODUCTION

Rhinoplasty is one of the most common operations performed by surgeons to treat nasal obstruction, deformities, traumatic injuries, autoimmune deformities, and age-related structural changes (Lee LN, 2019). In RP operation, cartilage grafting is also frequently needed to improve functional and aesthetic results. From the functional perspective, grafts are often used to expand the internal nasal flap and provide structural support to the outer flap to prevent collapse during inspiration. However, in terms of aesthetics, RP is used to correct visual defects such as changing the nose tip structure and healing the protrusions [Gunter JP, 2006; Lee M, 2011].

Due to the increasing RP in recent years, secondary (revision) RP operations have increased at the same rate. It is a known fact that secondary surgery of any organ is more difficult than primary surgery. Factors such as the number of previous surgeries, number of different surgeons, thin / absent nasal septum and skin thickness in revision RP are features that make the operation difficult. Therefore, there is consensus that the RP procedure is one of the most difficult plastic surgery procedures with a high revision rate. It has been reported in the literature that the revision RP percentage varies between 8% and 23% [Bussi M, 2013; McKinney P, 1981; Pardina AJ, 1983; Quatela VC, 2002; Rees TD, 1980, Smith TW, 1967; Warner J, 2009]. For example, in a study published in 2019 and involving 8,510 RPs [In the study from the "State of the State Surgery Databases" between 2014 and 2015 in the USA, which included five states (New York, Kentucky, North Carolina, Michigan and Florida) %65.3 of the cases were females and the average age was 35.6], it has been reported that 11.9% of the surgical procedures are revision RPs, probability of need for secondary graft resource in revision RPs are higher (24.4% vs. 11.1%), AC and costal cartilage (14.4% and 7.1%, respectively) are used as nasal autologous grafts in revision RPs, and more AC grafts (4.1% and 14.4%, respectively) are required in revision RPs compared to Primary RP (Lee LN, 2019). Many homo and allo graft products are used in revision RPs. Nasal septal cartilage, costal cartilage or auricular (conchal) cartilage (AC) grafts are much more common in routine daily practice [Moshaver A, 2007; Mundra LS, 2018].

Nasal septal cartilage is considered as the most suitable place for graft in RP due to both location and abundance of graft material. Therefore, nasal septal cartilage is used in primary RP. However, RP revision surgery is limited in patients with nasal trauma or septal perforation [Bussi M, 2013; Cochran CS, 2008]. When large amounts of graft material or significant structural support are required, costal cartilage from the anterior thoracic wall is more commonly used. However,

7. Güncel Bilgi Buluşmaları

Eskişehir Osmangazi Üniversitesi

11-12 Haziran 2020



complications such as thoracic wall infection, hematoma, anatomical deformity and pneumothorax can be seen in this operation [Lee M, 2011; Thomson HG, 1995]. The use of the bilateral conchal butterfly AC graft to correct inadequate nasal wings (alae nasi) with desired results was first described by Hage in 1965 [Hage J, 1965]. Stark and Frileck advocated using autologous conchal AC during the correction of nasal concave deformities with RP. The researchers claimed that this method was more advantageous because it did not leave any cosmetic or functional deformities, and because it was in the same surgery spot and resulted in no / little morbidity [Stark RB, 1969]. AC can be used alone or to support other cartilage grafts. An important point in the AC graft is that it must include maximizing the amount of graft material harvested while maintaining the preoperative appearance of the auricle. With this technique, it is possible to maximize the AC product en-block amount without sacrificing the appearance of the auricle, while maintaining the structural cartilage in three key areas of the auricle (*antihelix inferior crus, helix root and the area where the external auricular canal of the conchal cavum passes into the posterior-inferior*) [Lee M, 2011].

The advantages of AC; It is close to the RP area, it can be easily harvested with an anterior or posterior approach, there is no visible scar in the donor area, large amounts of grafts can be harvested, its elasticity is high and it can be used directly as a graft product. These features have contributed to the popularity of AK and it has become the most frequently used graft in RP over the past 15 years [Ho TT, Sykes K, 2013; Pascali M, 2016; Ro HS, Roh SG, 2017].

Although the use of AC graft is easier and more practical, it is harvested in a limited amount as there may be deformity in the ear after cartilage dissection [Lee M, 2011]. After AC dissection and removal, hematoma formation (*most common and important complication*), scar and delayed wound closure may occur [Kim SW, Park CW, 2012]. Also, rarely encountered (iatrogenic or infection-induced) complete conchal defect, ulceration, fistulae perforation or thickening defect, and ear asymmetry cases after AC dissection and removal have been reported [El Kollali R, 2007; Mischkowski RA, 2008; Mundra LS, 2018].

In this study, it has been aimed to reveal the benefits of the proposed auricle suture repair technique and the re-grafting of the remaining AC parts (*without disrupting the stability of the auricle, and without causing deformity in auricula and asymmetry in both auricles*) by harvesting the maximum amount of en-block AC in revision RPs. In the literature review, the outcomes of AC graft for RP treatment were evaluated and no results were found for minimizing ear deformity occurring due to AC damage. In this respect, we think that our article will attract the attention of researchers.

MATERIAL AND METHOD

7. Güncel Bilgi Buluşmaları

Eskişehir Osmangazi Üniversitesi

11-12 Haziran 2020



Study plan: The results of patients (n = 52) who underwent revision RP, in which the AC graft was used, between 2017 and 2020 were evaluated retrospectively. For RP, surgical operations performed by a researcher were reviewed. Data on the cause of surgery, pain control, donor cosmetics, types of grafts used, complication, infection and revision rates were collected. Approval of the Istanbul Yeni Yüzyıl University Ethics Committee for Non-Invasive Health Sciences Research (Date: 10.02.2020 - Decision No: 2020/02) was obtained for the study.

Operation technique: While the patient was under general anesthesia, the face and both ears were sterilized for the operation. Anteriorly, the conchal cyma and the conchal cavum were injected with xylocaine (1%, 2-3 cc) and epinephrine at subperichondrial plane (1: 100,000) using hydrodissection to facilitate surgical dissection. Posteriorly, the same local anesthetic as the was injected under the skin through a planned 3-4 cm length incision covering the lateral size of the conchal eminence. In order not to compromise the auricular protrusion, three key areas of the ear structure were tried to be preserved (*antihelix inferior crus, helix root and the area where the external auricular canal of the conchal cavum passes into the posterior-inferior*). To maximize the amount of cartilage harvested while preserving these areas, the possible size of the conchal cartilage resection was marked percutaneous every 0.5-1.0 cm with methylene blue. Starting along the medial side of the antihelix edge, a 25 gauge needle dipped in methylene blue was completely pushed into the skin of the anterior ear and to the back surface of the concha cartilage [Lee M, 2011].

After the planned dissection area was marked, a posterior surface incision of the AC and then dissection up to the level of the perichondrium were performed. Dissection was medially advanced to the pre-mastoid fascia above the auricular perichondrium, as the separation of the perichondrium attached to the posterior surface of the AC helps prevent graft breakage during the cartilage product. The anterior surface of the concave eminence was raised in the subperichondrial plane. After hemostasis was achieved with electrocautery, the wound was irrigated [Lee M, 2011]. After the RP operation was completed, the remaining cartilage was pressed, crushed and covered the donor area to prevent development of auricular deformity, and the ends were sutured with 6/0 prolene, spinning like a spider web. Then the incision was sutured with a 4-0 catgut (Figure 1). To prevent hematoma formation in the postoperative period, support was applied to the auricle.

Figure 1. Auricular graft harvesting and repair of the auricle

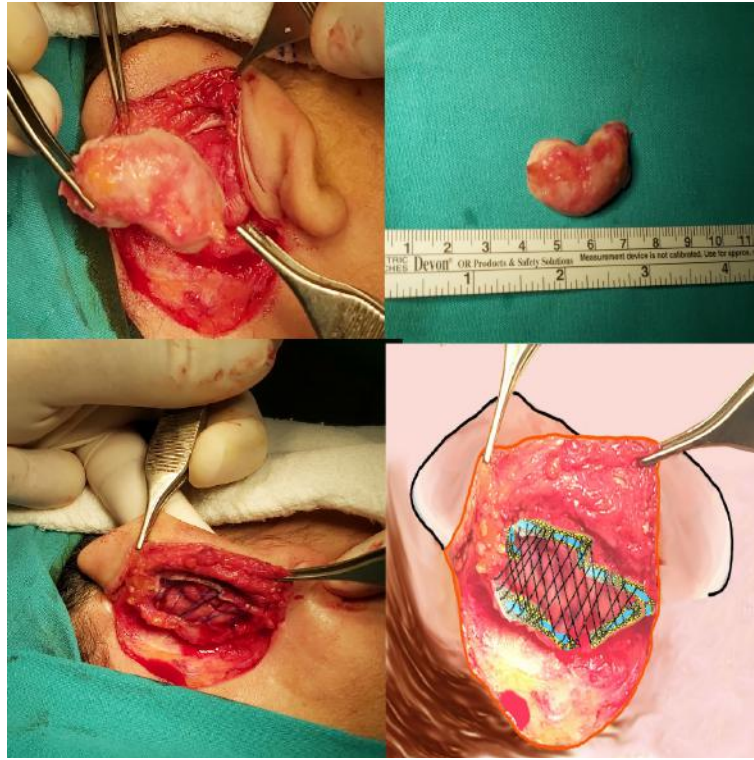
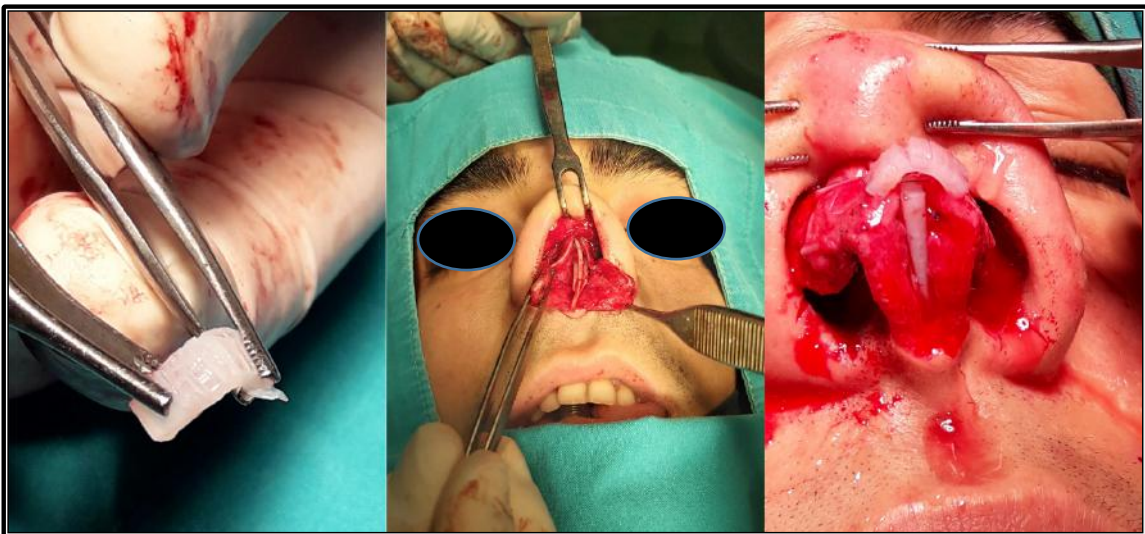


Figure 2. Cap graft and Collumellar strut graft application



FINDINGS

52 cases, in which AC graft was used, were evaluated. All patients had a history of previous nasal surgery. Nine of them had only septoplasty. In the remaining 43, septoplasty and RP were applied together. Not enough septal cartilage was found in all patients to fulfill the intended purpose of the operation. Bilateral AC grafts had to be collected in only two patients. Costal cartilage product was not harvested in any case.

Figure 3. Dorsal onlay graft application



Figure 4. The appearance of the bilateral auricle at the post-operative 4th month



In the AC grafts harvested (*more than one graft technique to the same patient*); lateral crural strut was used in 8 of 52 patients, dorsal onlay graft (Figure 3) was used in 7 of 52 patients, spreader graft was used in 13 of 52 patients, columellar strut was used in 16 of 52 patients, butterfly graft was used in 1 of 52 patients, alar rim grafts were used in 8 of 52 patients, Cap graft was used in 13 of 52 patients, and shield graft was used in 8 of 52 patients.

Table 1. Distribution of the auricular cartilage grafts used in revision rhinoplasty patients (9 septoplasty; 43 septoplasty + rhinoplasty) (n = 52) according to the type, area and number of uses.

Graft type	Nose area	Number
Columellar strut	Columella	16/52
Spreader	Dorsum	13/52
Cap graft	Nasal tip	13/52
Lateral crural strut	Ala	8/52
Dorsal onlay	Dorsum	7/52
Alar rim	Ala	8/52
Shield	Columella	8/52
Butterfly	Nasal tip	1/52

7. Güncel Bilgi Buluşmaları

Eskişehir Osmangazi Üniversitesi

11-12 Haziran 2020



The appearance of the donor settlement site was found satisfactory by both the patient and the surgeon in all cases. There was no infection and ear hematoma. In two patients had hypertrophic scar or keloid formation in the donor incision area.

DISCUSSION

In this study, the remaining cartilage was sliced to prevent the development of auricular deformity, and the ends were sutured with 6/0 prolene, spinning like a spider web after the conventional RP operation. Thirty cases, in which this method was used, were evaluated after the operation. The appearance of the donor settlement site was found satisfactory by both the patient and the surgeon in all cases. There was no infection and ear hematoma. No patients had hypertrophic scar or keloid formation in the donor area. No matter how well surgical techniques are defined to harvest AC graft product, there is very limited literature on cartilage graft donor site morbidity after RP. (Ho TT, Sykes K, 2018; Mischkowski RA, 2008).

Cartilage grafting is often required in RP, which is performed to improve nasal function and aesthetics. In secondary (revision) RP, the generally preferred nasal septal cartilage is unavailable. Therefore, it is often necessary to harvest alternative graft material from the costa or ear [Cochran CS, 2008; Moshaver A, 2007]. Although costal cartilage provides a large amount of graft material, it has disadvantages such as requiring a secondary surgery area and exposing the patient to more morbidity and complications [Thomson HG, 1995]. Therefore, AC is an attractive alternative when a small amount of graft material is required and nasal septal cartilage is reduced. The goal in this case is to reduce complications and maximize the amount of AC used while maintaining preoperative appearances. Grafting of AC residuals left over after RP to the auricle with a suitable technique is the basis of this study.

The use of AC graft in RP; It can be used in various applications including nose tip graft, dorsum graft, radix graft or columellar strut. With its positive aesthetic results that can satisfy both the doctor and the patient, the AC graft for RP has become a popular and safe procedure [Ho TT, Sykes K, 2018; Lan MY, Park JP, 2017]. Multiple techniques for harvesting auricular conchal cartilage graft product have been previously described. In 1955, which can be considered as an early date, Adams announced a method that emphasized the protection of the upper and outer edge of the auricular concha by 2 mm, cartilage edge that connects the tragus to the antitragus by 3 mm, and external auricular canal by 3 mm [Adams WM, 1955]. Falces and Gourney, on the other hand, described their approach in which they removed all conchas so that the helical apex and antihelical protrusions were protected. According to them, the helix crista, the inferior crus of the triangular fossa, and the edge of the helical strut meatus and

7. Güncel Bilgi Buluşmaları

Eskişehir Osmangazi Üniversitesi

11-12 Haziran 2020



the inner edge of the antitragus formed the border points of the dissection [Falces E, 1972].

In 1986, Guyuron performed a post-auricular incision by infiltrating with local anesthesia for hydrodissection. The posterior perichondrium was left attached to the graft and subperichondrial dissection was performed anteriorly. However, no ink limitation has been identified preoperatively, which is a critical step that allows maximum en-block cartilage product intraoperatively. The reason for it that after the dissection has started and the preoperative natural appearance has deteriorated, it is more difficult to define the acceptable cartilage harvesting area [Guyuron B, 1986].

Boccieri described a similar procedure, including subperichondrial dissection on both surfaces of the graft and limitation of dissection with 4 or 5 needles placed on the anterior surface of the auricle. These needles also appear on the back of the auricle and determine the dissection border of the antihelix and helical root [Boccieri A, 2004]. Lee et al. also reported a method (1) providing the necessary support to the cartilage used in the perichondrium layer remaining in the posterior graft, (2) providing more accuracy with marking, and (3) low risk of injury due to the removal of the needles during dissection [Lee M, 2011].

Han et al described a two-part AC product between the conchal cyma and the conchal cavum, allowing a 5 mm strut to remain. They express that this strut is necessary to provide the structural support of the donor ear and prevent collapse [Han K, Kim J, 2008]. Lee et al. argued that it is not necessary to protect this area for the maintenance of cosmetics [Lee M, 2011]. Gruber et al separately described the leaving a part of the ellipse removed from the auricular concha or the 6 mm upper vertical wall of the conchal cavum to prevent flattening of the ear [Gruber RP, 2003]. Lee et al, on the other hand, demonstrated that the additional support structures do not need to be preserved in order to make the auricle appear sufficient in the postoperative period [Lee M, 2011].

The most frequently reported postoperative complication after the AC graft product harvesting is hematoma (6.7%). Other complications include hearing disorders (12.9%), delayed wound closure, hypertrophic scars and ear asymmetry [Lan MY, 2017; Mischkowski RA, 2008; Nicolle FV, 1997]. After AK dissection and grafting, auricular tie over bolster dressing is commonly used to reduce the hematoma incidence. However, the inappropriate use of this bolster, such as excessively tight and long postoperative use, can cause iatrogenic complete conchal deformities (complete through-and-through conchal defects) and conchal perforation [Mundra LS, 2018; Ro HS, Roh SG, 2017].

Reconstructive options for conchal defects are also well defined. Reconstructive methods vary depending on the location and size of the defect. Peri-auricular

7. Güncel Bilgi Buluşmaları

Eskişehir Osmangazi Üniversitesi

11-12 Haziran 2020



flaps, posterior auricular subcutaneous pedicular island flaps (*if the defect is in the upper concha or more than 15 mm in diameter*), posterior auricular island flaps (*originating from the posterior auricular artery*), rotation flaps and bookend flaps are common reconstruction methods [Mundra LS, 2018; Ro HS, Roh SG, 2017; Zhu J, Zhao H, 2016].

The potential to permanently change the ear contour and the decrease in curvature due to inner elasticity of the ear after the procedure are the factors that limit the use of AC grafts in the RP procedure (Ho TT, Sykes K, 2018). The maximal en-block AK graft can be harvested with our technique. The pieces of AC graft remaining after the RP are placed back into the ear in small slices, and then a spider web-shaped graft is made with a suture. We think this procedure will minimize the potential complications and visual disorders mentioned above (albeit rarely).

CONCLUSION

AC dissection with posterior auricular incision is more advantageous compared to the anterior approach, as it provides better cosmetics and scar camouflage without a significant increase in complications and difficulties. The large or en-block conchal AC described in our technique provides sufficient tissue for both larger grafts (such as dorsal onlay grafts, spreader grafts and columellar strut) and multiple grafts. Grafting the unused and remaining AC parts after RP to the dissected ear using our technique may prevent auricular collapse and other aesthetic defects (*rare complications*) that may be seen in the postoperative period.



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7. Güncel Bilgi Buluşmaları

Eskişehir Osmangazi Üniversitesi

11-12 Haziran 2020



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