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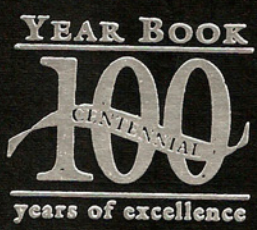

growth. I would echo the authors' sentiments that the benefits of alveolar bone grafting during this phase far outweigh the potential detriments.

S. P. Bartlett, MD

Nonsurgical Correction of Nasal Deformity in Unilateral Complete Cleft Lip: A 6-Year Follow-up

Bennun RD, Perandones C, Sepliarsky VA, et al (Asociación PIEL, Buenos Aires, Argentina; Centro Nacional de Genética Médica, Buenos Aires, Argentina; Univ of Rosario, Argentina)

Plast Reconstr Surg 104:616-630, 1999 1–11

Introduction.—Nasal deformity increases with time in patients with unilateral cleft lip and palate. This deformity can be severe enough to affect the normal side and the nasal septum. Tongue malposition, abnormal muscular traction, and loss of a proper foundation are the primary causes of increasing deformity. Tissues are still soft and plastic during the neonatal phase. After 3 months of age, it becomes difficult to correct the nasal deformity. Changes in nasal structure were examined in a controlled clinical trial comparing the anthropometric measurements of the nasal region in 2 series of patients with unilateral complete cleft lip.

Methods.—The first group comprised 44 infants who were referred within the first 2 days of life and the second group was composed of 47 infants who were over 15 days of age at the time of first consultation. A control group of 48 healthy 6-year-old children was used to provide control data for the examination of outcome at 6-month follow-up. A nasal component was added to the occlusal prosthesis in the first group up to the time of surgery (Fig 4). All patients underwent a Millard II procedure with muscular repositioning performed by the same surgeon. Nasal measurements obtained with a caliper were taken directly from plaster models by using surface impressions. These measurements were confirmed by a laser 3-dimensional measuring device.

Results.—A significant increase in columellar length was observed in the first group. At 6-year follow-up, better and permanent nasal nostril symmetry and no alar cartilage luxation were seen in patients who used the nasal component (Fig 17).

Conclusion.—Early treatment and use of a nasal prosthesis are helpful in preventing an increase in nasal deformity, obtaining columellar elongation, and preventing or decreasing the need for primary surgery of the cleft nose in patients with unilateral complete cleft lip.

► This is yet another paper adding credence to presurgical nasal manipulation in the treatment of the cleft nasal deformity. Others have reported

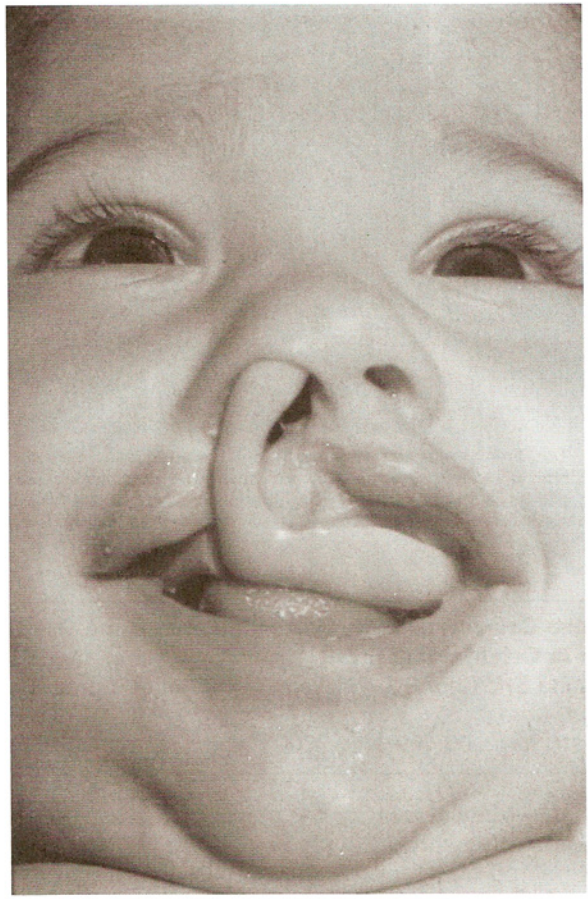

FIGURE 4.—Frontal view of a happy patient, showing the effect of occlusal prosthesis with the nasal bumper. (Courtesy of Bennun RD, Perandones C, Sepliarsky VA, et al: Nonsurgical correction of nasal deformity in unilateral complete cleft lip: A 6-year follow-up. *Plast Reconstr Surg* 104:616-630, 1999.)

similar early results. Time will tell whether these techniques prove beneficial as these children mature into adolescence and adulthood. A major concern is the intense prosthodontic care required for these children and who will pay for it. In our community, insurance coverage for these temporary stents has been difficult. Studies such as this which show potential benefit should make coverage more feasible.

S. P. Bartlett, MD

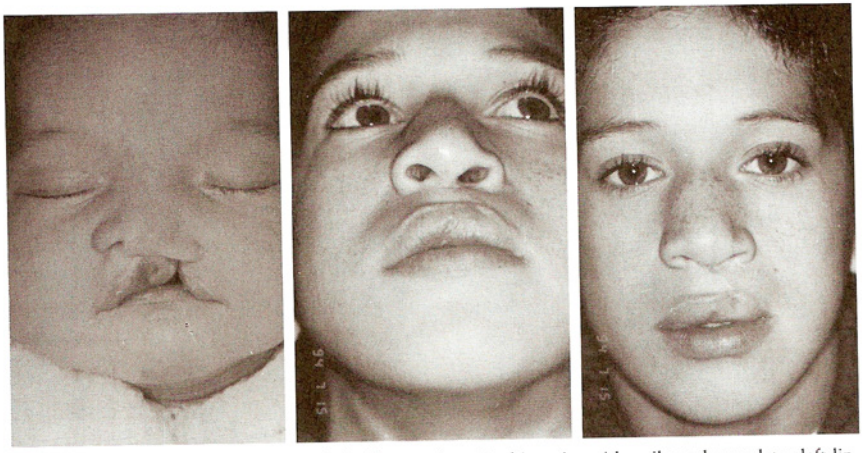

FIGURE 17.—**Left,** Frontal view of the first newborn in this series with unilateral complete cleft lip. **Center** and **right,** Frontal and inferior views of the same patient 7 years after surgical repair with nasal presurgical remodeling. (Courtesy of Bennun RD, Perandones C, Sepliarsky VA, et al: Nonsurgical correction of nasal deformity in unilateral complete cleft lip: A 6-year follow-up. *Plast Reconstr Surg* 104:616-630, 1999.)

Cleft Lip Nose Correction With Onlay Calvarial Bone Graft and Suture Suspension in Oriental Patients

Uhm KI, Hwang SH, Choi BG (Hanyang Univ, Seoul, Korea; Sein Aesthetic Clinic, Mason, Korea)

Plast Reconstr Surg 105:499-503, 2000 1–12

Background.—Management of the nose is the final and most challenging aspect of corrective surgery to repair cleft lip. In Asian people, the nasal cartilage is thin and underdeveloped, compared with that in whites, with thick skin in the lower half of the nose. The most suitable technique for correction of asymmetries in Asian patients is mobilization and suspension of the alar cartilage. However, insufficient lifting of the alar cartilages and relapse are problems with this technique that have not been corrected with conventional methods. The use of the combined procedure of onlay calvarial bone grafting and alar cartilage suture suspension over 3 years is described in this report from Korea.

Methods.—Between October 1995 and July 1998, 30 patients underwent surgery to correct cleft lip nose deformity by means of calvarial bone grafting and suture suspension (Fig 1). Twenty-seven patients had unilateral cleft lip nose deformity, and 3 patients had bilateral cleft lip nose deformity. The 14 male and 16 female patients ranged in age from 19 to 37 years. The longest follow-up was 24 months.

Results.—Optimal alar cartilage lifting force and vector were obtained from the rigid supporting framework of the calvarial bone graft. The nostril shape and angle of inclination could be changed to a near-vertical axis with this technique. Additional benefits were derived from alar hood-