British Journal of Plastic Surgery (1975), **28**, 153-154

CONGENITAL DOUBLE COLUMELLA

By Dr S. S. RAWAT, M.S.[1] and Dr H. K. D. GUPTA, M.S., M.Ch.[2]

Plastic Surgery Department, Dr. S. N. Medical College, Jodhpur, India

ALTHOUGH a double columella may occur in certain severe cases of bifid nose, where the halves of the nose are completely separate and there is often a concomitant midline cleft of the upper lip (Kazanjian and Holmes, 1959), we have been unable to find in the literature another example of the deformity presented here.

CASE REPORT

An 18-year-old Hindu girl presented with the congenital anomaly of her columella shown in Figure 1. The cartilaginous part of the nose was broadened with a smooth central elevation which later proved to be a dermoid cyst. The central opening about 4 mm wide was situated between the 2 anatomically normal external nares. At the tip of the nose the medial crura of the alar cartilages were slightly apart and diverged further towards the base, so that instead of forming a common septum they were completely separate. The nares communicated normally with the nasopharynx but the central cavity ended blindly where the 2 anterior nasal septa fused at a depth of 1·75 cm.

One septum was excised. It consisted of a plate of cartilage covered on each side with normal mucosa. The cyst was enucleated (Fig. 2).

FIG. 1. Congenital bifid columella with dermoid cyst at the tip of the nose.

FIG. 2. Post-operatively, after excision of one columella and adjacent septum.

COMMENT

Little mention is made of embryological development of the columella in the available literature. Rogers (1964) says that the medial nasal processes contribute to the columella but the nasal septum and prolabium of the bilateral cleft lip are often regarded as having arisen from the fronto-nasal process. As Ross and Johnstone (1972) point out, nearly all studies of facial development have been carried out in lower animals

[1] Professor of Surgery, Plastic Surgeon.
[2] Tutor in Surgery.

and the results may not be strictly applicable to man; they also give an excellent review of our present knowledge of the embryology of the face.

Atypical facial clefts are very rare but are known to occur and Fogh Andersen (1965) described 48 cases out of a total of 3,988 facial clefts. It is probably inappropriate to regard these as due to lack of fusion of foetal processes but rather as mesothelial deficiencies or anomalies of unknown cause. The present case probably fits into this category.

REFERENCES

FOGH-ANDERSEN, P. (1965). Rare clefts of the face. *Acta Chirurgica Scandinavica*, **129**, 275.

KAZANJIAN, V. H. and HOLMES, E. M. (1959). Treatment of median cleft lip associated with bifid nose and hypertelorism. *Plastic and Reconstructive Surgery*, **24**, 582.

ROGERS, B. O. (1964). *In* "Reconstructive Plastic Surgery", edited by J. M. Converse, p. 1213. Philadelphia and London: Saunders.

ROSS, R. B. and JOHNSTONE, M. C. (1972). "Cleft Lip and Palate." Baltimore: Williams and Wilkins.