

REFINED TECHNIQUE FOR RECONSTRUCTING THE WHOLE NOSE WITH THE CONCHAS OF THE EARS

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IN 1971 I described a method of nasal reconstruction with full thickness, *i.e.* skin, cartilage and skin, flaps of both conchas. The flaps were transferred on long pedicles based on each temple and the operation depended for its success on 2 biological phenomena:

the ability of the blood flow in the superficial temporal vessels to become reversed and the revascularisation of the inferior part of the flap (normally supplied by the postauricular vessels) by the reversed flow in the superficial temporal vessels once the divided ends of the vessels had been transplanted from in front of to behind the ear.

The basic technique remains but there have been some modifications; the procedure at present used is illustrated and described in the captions. Further details are available in the 1971 paper.

REFERENCE

- ORTICOCHEA, M. (1971). A new method for total reconstruction of the nose: the ears as donor areas. *British Journal of Plastic Surgery*, 24, 225.

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FIG. 1. A and B. The defect.

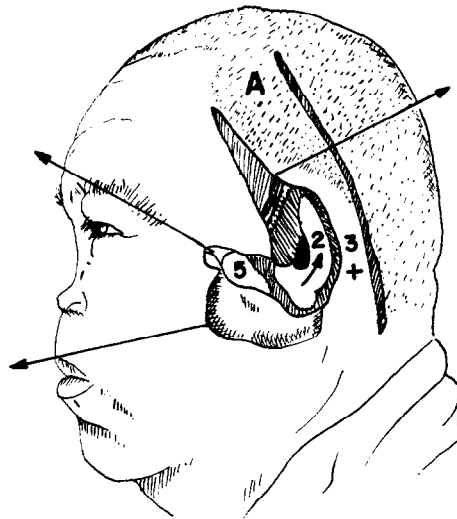


FIG. 2. Diagram of the temporo-conchal flap to help clarify Figure 3. The flap A is carried forward sufficiently far to allow the concha to reach the nose but the anterior branch and the main trunk of the superficial temporal vessels are preserved. The lower part of the flap (3) is normally supplied by the postauricular vessels. The divided ends of the superficial temporal vessels are divided in front of the ear and passed through a skin tunnel to behind the ear. The concha (2) is largely detached from the ear but a small inferior pedicle is retained for blood supply (arrowed). An area denuded of skin on the remaining part of the ear (5) is free grafted.

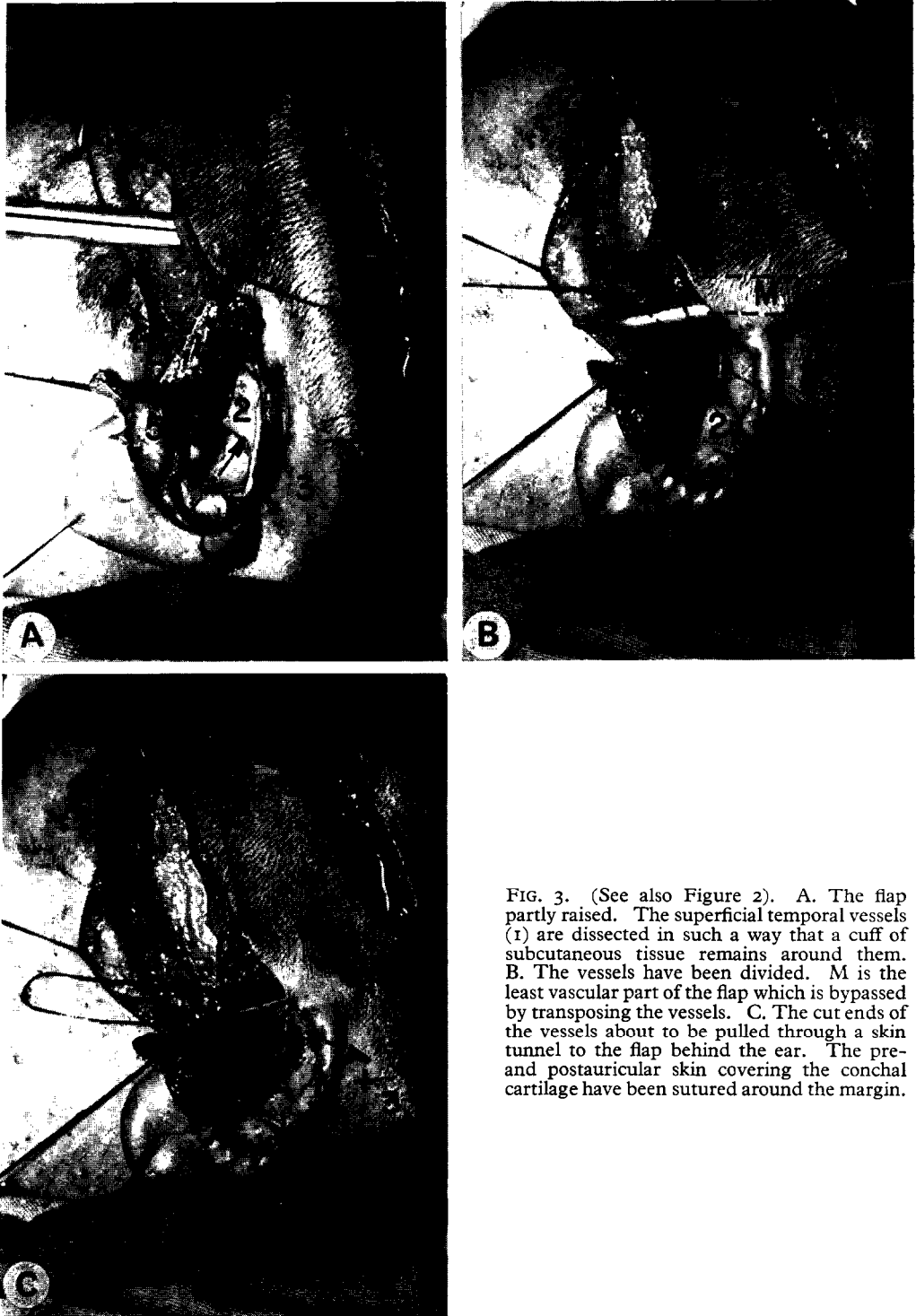


FIG. 3. (See also Figure 2). A. The flap partly raised. The superficial temporal vessels (I) are dissected in such a way that a cuff of subcutaneous tissue remains around them. B. The vessels have been divided. M is the least vascular part of the flap which is bypassed by transposing the vessels. C. The cut ends of the vessels about to be pulled through a skin tunnel to the flap behind the ear. The pre- and postauricular skin covering the conchal cartilage have been sutured around the margin.

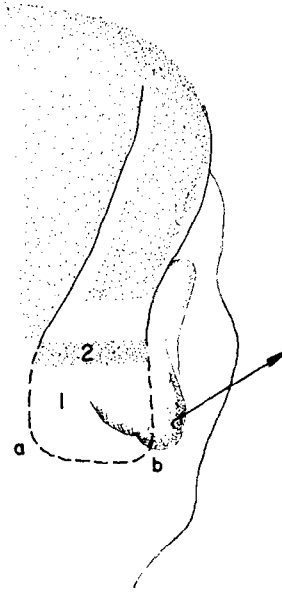


FIG. 4. The final delay. An incision (ab) joins the lower ends of the vertical incisions. The lower end of the flap (1) is raised as far as the narrow zone, 2, before being resutured in its original site. The blood supply through the narrow zone, 2, is sufficient to nourish the flap.

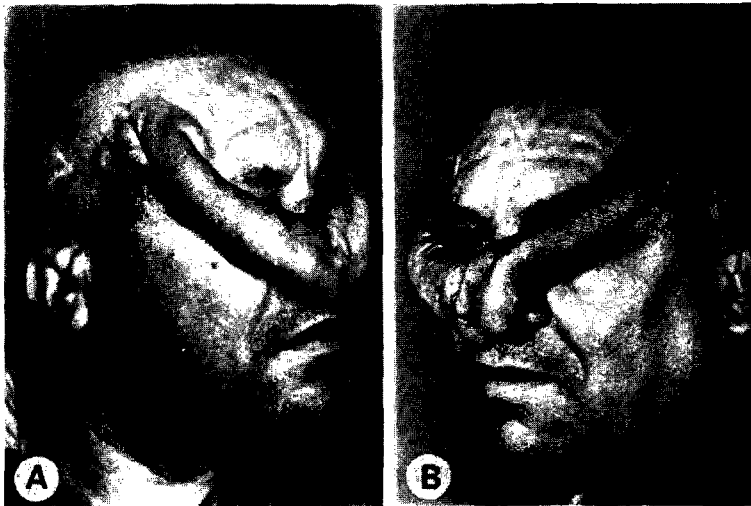


FIG. 5. The flaps in position. The donor areas and the underside of the flaps have been skin grafted. Note the normal appearance of the ears.

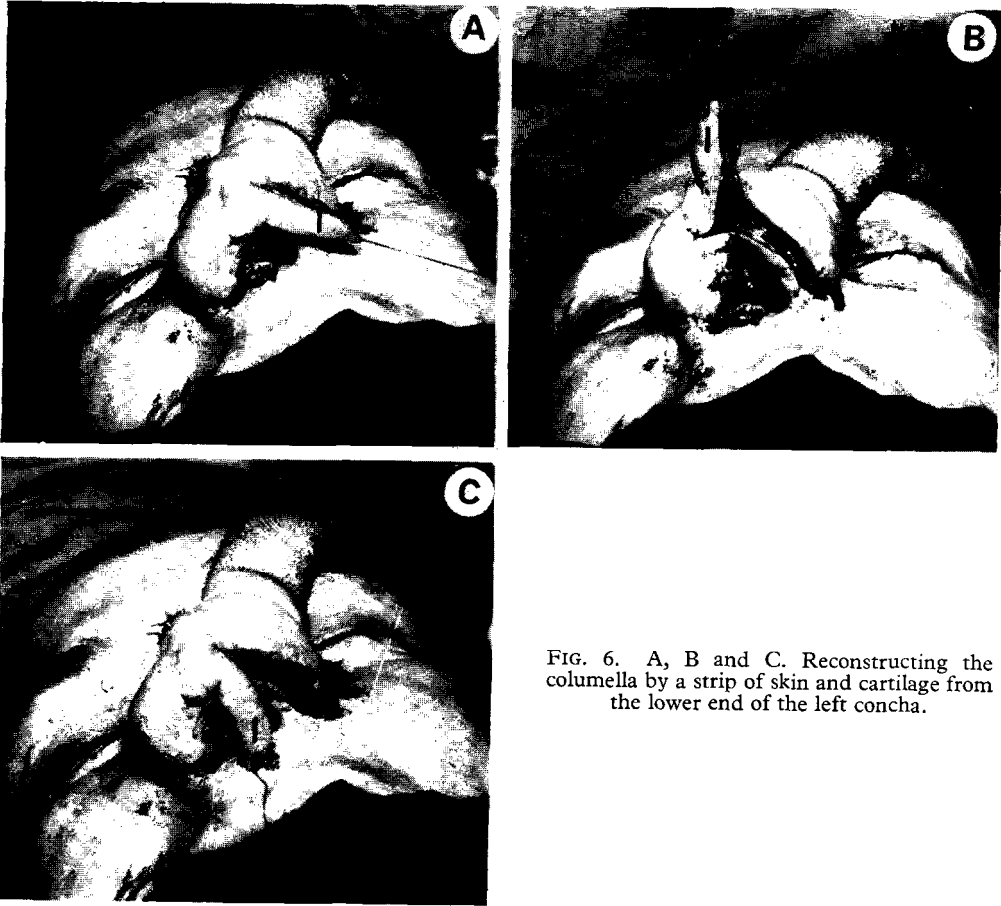


FIG. 6. A, B and C. Reconstructing the columella by a strip of skin and cartilage from the lower end of the left concha.

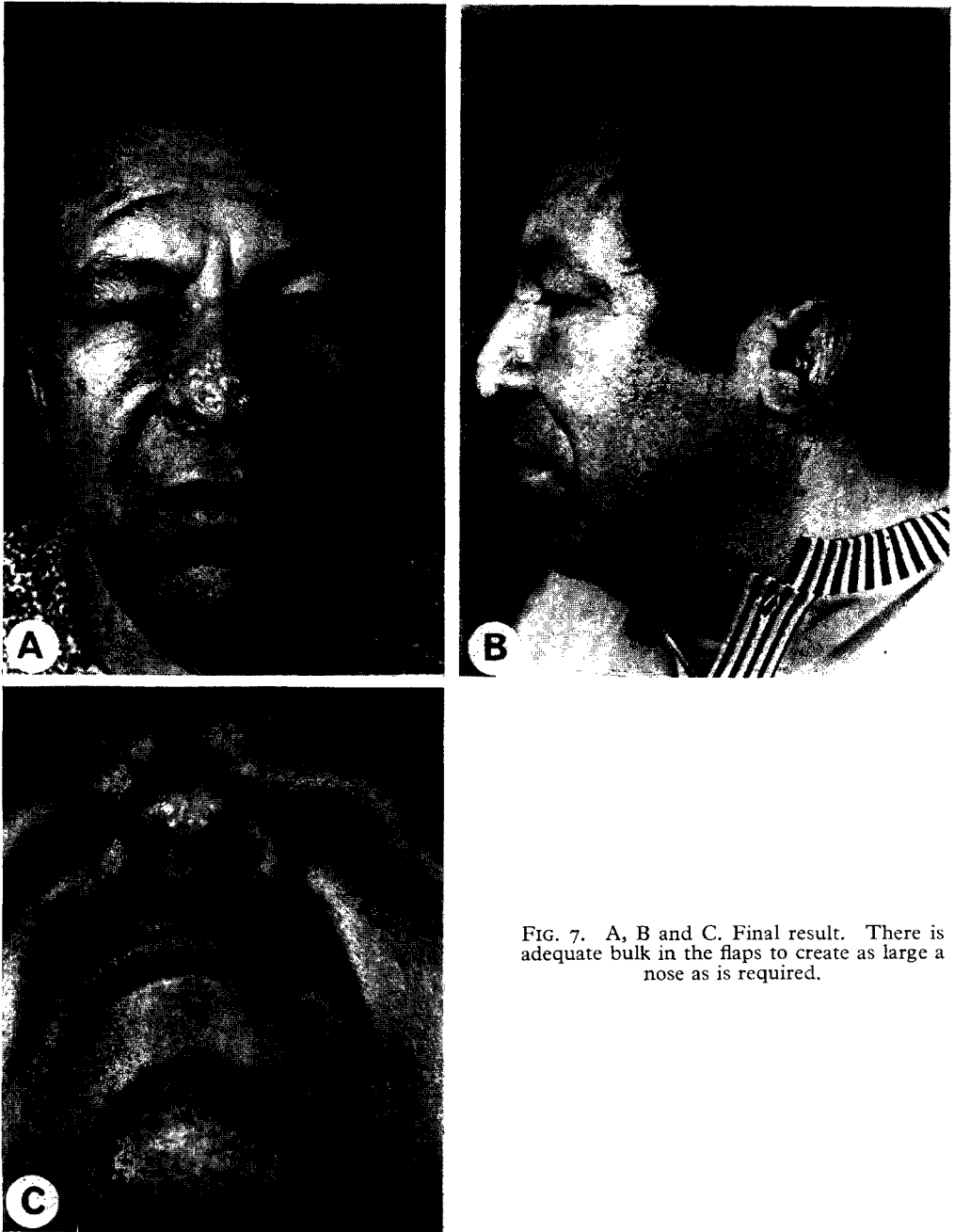


FIG. 7. A, B and C. Final result. There is adequate bulk in the flaps to create as large a nose as is required.