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신생아 비강 튜브 감염 후 발생한 전비극 결손 동반 비변형의 구조적 재건술

(Structural Reconstruction of Nasal Deformity with Anterior Nasal Spine Defect Following Neonatal Nasal Tube-Related Infection)



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Purpose: Infectious injury from nasal tube placement at birth may result in combined soft tissue contracture and structural bone loss of the anterior nasal spine. Reconstruction is challenging because both nasal contour and skeletal support must be restored simultaneously. We present a case managed with combined soft tissue advancement, implant augmentation, and autologous bone reconstruction.

Methods: A patient presented with right alar rim and base depression, septal deviation with partial defect, and anterior nasal spine deficiency secondary to neonatal nasal tube-associated infection (Figure 1). Scar release, V-Y advancement flap, augmentation rhinoplasty, and maxilloplasty were performed. After contracture release and exposure of the piriform aperture, a V-Y advancement flap was used to improve soft tissue deficiency. Dorsal augmentation was performed with a 3-mm silicone implant, and a shield graft harvested from the left conchal cavum was applied for tip support. A 5 × 3 cm bicortical iliac bone graft was harvested using a subcrestal window technique and fixed to both alar bases and the anterior nasal spine region with titanium screws to restore skeletal support(Figure 2).

Results: Postoperative recovery was uneventful. Alar base depression improved, nasal projection was restored, and stable structural support was achieved. At the 6-month follow-up, the patient maintained stable nasal contour and structural support without any complications (Figure 3).

Conclusion: In nasal deformities associated with anterior nasal spine defects, isolated rhinoplasty is insufficient. Simultaneous restoration of skeletal support with autologous bone grafting is essential for durable correction and long-term structural stability.

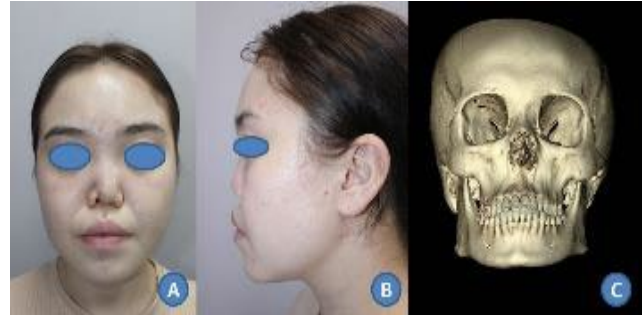


Fig 1. Preoperative photographs and computed tomography demonstrating nasal deformity with anterior nasal spine defect secondary to neonatal nasal tube-related infection



Fig 2. Intraoperative views showing V-Y advancement flap and fixation of autologous iliac bone graft to the anterior nasal spine and alar base



Fig 3. Six-month follow-up photographs demonstrating improved nasal contour, alar base, and restored structural support