



Rhinoplasty and Aleotomy (Nasal Wing Reduction) Performed by the Dental Surgeon: Another Mistake!

Rafaela Rodrigues Cavalcanti¹ and Irineu Gregnanin Pedron^{2*}

¹Dental Surgeon, Specialist in Dental Prosthesis and Public Health, Sistema Único de Saúde, Arcoverde and Pesqueira, Brazil

²Professor, Department of Periodontology, Implantology, Stomatology and Therapeutics, Universidade Brasil, São Paulo, Brazil

***Corresponding Author:** Irineu Gregnanin Pedron, Professor, Department of Periodontology, Implantology, Stomatology and Therapeutics, Universidade Brasil, São Paulo, Brazil.

Received: July 27, 2021; **Published:** August 05, 2021

Once again, we present our philosophy against the recently created specialty in Brazil: Orofacial Harmonization. Several techniques and procedures are comprised in this dental specialty, among them the application of facial fillers (hyaluronic acid); bichectomy (buccal fat pad reduction); facial lifting (polydioxanone thread); autologous blood derivatives; hormonal regulation; percutaneous collagen inducers (micro needling); biophotonic procedures and/or laser therapy; facial lipoplasty, by chemical, physical or mechanical techniques; and surgical techniques for lip correction (liplifting) [1-5]. The application of botulinum toxin is widely known for its aesthetic indication. However, in Dentistry and in some medical specialties, it presents several therapeutic indications, since botulinum toxin is a drug [6-8].

Unfortunately, several complications resulting from these procedures have been occurring. Even procedures that are performed in the management of complications by the dental surgeon also offer other risks, such as the use of hyaluronidase after ischemic and necrotic complications from the use of hyaluronic acid in facial filling [9].

Additionally, we believe, as has been happening in the North American market, the judicialization of professions and Dentistry itself in Brazil. In this perspective, the number of lawsuits against dental surgeons is gradually increasing [10-12].

Orofacial Harmonization is nurtured by constant desire of the patients for change and the expectation of aesthetic outcome. Among the main facial requisitions, the nose stands out. The nose is influenced by social and cultural characteristics, although defined by heredity and ethnicity [13].

The nose has always had its correction treated by plastic surgery, except for the therapeutic action of the oral and maxillofacial surgeon in cases of fractures. One should also consider the learning curve of the oral and maxillofacial surgeon, in which 2 to 3 years of study and clinical-surgical activities are required. The development of reparative surgical techniques has always been the target of plastic surgery, individualizing the procedure for each need and patient [14-16]. Recently, the dental surgeon has been working at the nasal level with aesthetic purposes.

In the past, aesthetic nasal surgery approaches were based on the reductionist philosophy, in which cartilage resections and narrowing of the bone base were performed. The results, both functional and aesthetic, in the long term were limited and difficult to solve. Poiseuille's law - a physical law that analyzes the laminar flow inside tubular conductors, as is the case in nasal cavities - determines that the flow is proportional to the fourth power of the radius. Therefore, even exponentially small changes in the diameter of the nostrils can reduce the airflow. In order to prevent these problems, over time, reduction rhinoplasty is no longer employed. The structured rhinoplasty started to be employed, whose basic principle is the maintenance and stabilization of the nose support structures [17].

Aleotomy (nasal wing reduction) has been presented as a more conservative proposal compared to structured rhinoplasty [13,18]. The purpose of this procedure is to reduce the nasal wings to promote thinning of the nose. The proposed technique seems simple. Under local anesthesia, bilateral removal of the distal portion of the nasal wings is performed. However, in this tissue removal, the cartilages that support the nose to allow air to pass

when inhaling can also be removed. Nasal obstruction is one of the most prevalent complaints in patients [16]. However, considering the bilateral removal of part of the nose wing in its distal portion, there is the effect of scar tissue retraction, subsequently reducing the airflow ostium. Figure 1 illustrates the partial aesthetic result after alectomy, with weakening of the lateral walls of the nasal wings, nasal valve collapse, and reduction and closure of the air passage during breathing.



Figure 1: Closure of the nostril ostium after alectomy (nasal wing reduction) performed by the dental surgeon.

Other areas such as the nasal apex, dorsum and columella are also approached by some professionals, further compromising the results. Depending on the damage caused, it is possible to repair the nose through reconstructive plastic surgery. There are cases in which several interventions are necessary to recover the structure. In more complicated cases, plastic surgeons use grafts from other parts of the body, such as rib or ear cartilage to structure the nose and skin grafts to recover the lost skin tissue from the nose wing. Scarring and loss of function must be considered. Unfortunately, sometimes the original appearance is unattainable.

In Brazil, Resolution 230 of August 14, 2020 of the Federal Council of Dentistry prohibited expressly the performance of alectomies by dental surgeons [19]. Even so, there are still malicious professionals continuing to perform the technique.

We once again praise the importance of such scientific publications, as SAODS. It is imperative to bring knowledge to the patient and the dental surgeon about the truth of the facts! The dental surgeon should inform and guide the patient, even if sometimes he/she declines the procedure and refers him/her to another competent professional, such as a plastic surgeon. This conduct benefits the patient and adds value to the dental surgeon.

Bibliography

1. Pedron IG, Cavalcanti RR, Menezes VCL, Menezes JE, Silva LPN, Shitsuka C. Facial fillers: risk factor for non-medical health professions. SAODS. 2020;3(5):17-19.
2. Pedron IG, Cavalcanti RR, Gaujac C, Shinohara ÉH. Comments on Bouaoud and Belloc, 2020: Use of injectables in rhinoplasty retouching: Towards na Evolution of surgical strategy? J Stomatol Oral Maxillofac Surg. 2020;121(6):751-752.
3. Cavalcanti RR, Pedron IG. Complications caused by rhinoplasty with PDO threads. SAODS. 2021;4(4):24-25.
4. Cavalcanti RR, Pedron IG. Bichectomy (Buccal Fat Pad Reduction). SAODS. 2020;3(9):43-44.
5. Cavalcanti RR, Pedron IG. Rhytidoplasty and Blepharoplasty Performed by Dental Surgeons: Imminent Risks. SAODS. 2021;4(7):21-22.
6. Pedron IG. Orofacial Harmonization and Botulinum Toxin Application in the Context of Dentistry. SAODS. 2019;2(9):10-11.
7. Raimundo NS, Martins JL, Sant'Ana Neto AL, Shitsuka C, Pedron IG. Indications, Contraindications and Care in the Botulinum Toxin Type A Application in Dentistry. SAODS. 2021;4(6):38-43.
8. Mendonça FF, da Silva TCF, Risemberg RIS, Shitsuka C, Pedron IG. Applications of Botulinum Toxin in Dentistry: Considerations about Indications and Contraindications. SVOA Dentistry. 2021;2(5):197-202.

9. Pedron IG, Cavalcanti RR, Silva LPN, Shitsuka C. Possible Risks of Using Hyaluronidase in Complications Caused by Hyaluronic Acid in Dentistry. SAODS. 2020;3(6):16-18.
10. Pedron IG. Reflection: A Web of Repentance. SAODS. 2019;2(8):31-33.
11. Cavalcanti RR, Pedron IG. Dentistry and Litigation. SAODS. 2020;3(8):1-2.
12. Pedron IG, Cavalcanti RR. The importance of Scientific Divul-gation. SAODS. 2020;3(7):01-02.
13. Adamson PA, Galli S. Rhinoplasty approach: Current State of the Art. Arch Facial Plast Surg. 2005;7(1):32-37.
14. Daniel RK. Mastering Rhinoplasty. Berlin: Springer-Verlag, 2010:449.
15. Daniel RK. Rhinoplasty: dorsal grafts and the designer dor-sum. Clin Plast Surg. 2010;37(2):293-300.
16. Dolci EL, Dolci JE. Algorithm for the treatment of external nasal valve insufficiency. Braz J Otorhinolaryngol. 2020;86(5):579-586.
17. Brandon BM, Austin GK, Fleischman G, Basu S, Kimbell JS, Shokley WW, Clark JM. Comparison of airflow between spreader grafts and butterfly grafts using computational flow dynamics in a cadaveric model. JAMA Facial Plast Surg. 2018;20(3):215-221.
18. Constantinides M, Liu ES, Miller PJ, Adamson PA. Vertical lob-ule division in rhinoplasty: maintaining an intact strip. Arch Facial Plast Surg. 2001;3(4):258-263.
19. Federal Council of Dentistry. Resolução CFO-230, 2020.

Volume 4 Issue 8 August 2021

© All rights are reserved by Rafaela Rodrigues Cavalcanti and Irineu Gregnanin Pedron.