

**THE USE OF CALVARIAL BONE GRAFTS IN  
AUGMENTATION RHINOPLASTY**

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The origins of reconstructive rhinoplasty are found to be from Benares in northern India, where Sushruta Samahita used cheek flap for nasal reconstruction and forehead skin flap pedicled near the root of the nose at the eyebrow to reconstruct the nose. Later on Gaspare Tagliacozzi, Carl Von Graefe, Fredrick Dieffenbach made various improvements and additions to the Indian method of reconstruction. However the major advances in aesthetic rhinoplasty was in the late 19<sup>th</sup> century and 20<sup>th</sup> century. During this period, aesthetic rhinoplasty consisted mainly of reduction procedures. Later Jacques Joseph and his pupils Joseph Safian and Gustave Aufricht made more advances in aesthetic rhinoplasty. As more surgeons worked on the problems of aesthetic rhinoplasty, a multitude of techniques and approaches arose. Although many of the manoeuvres and approaches remain the same, the philosophy of aesthetic rhinoplasty has

changed considerably in the last 20 years. Rees, Peck and Sheen have set the standard of today's rhino-plasty techniques. Sheen advocated the use of cartilaginous augmentation of the nose in strategic places and under select circumstances. Thus augmentation rhinoplasty came to be established.<sup>20</sup>

The nasal dorsum and the lip are the most conspicuous features of the face and even a small depression in this region produces an unsightly deformity.

Saddle nose is one of the most common nasal deformities. It can be congenital or acquired. Acquired deformity is usually of traumatic origin. A cleft lip nasal deformity is another case for the requirement of a rhinoplasty. In a cleft lip nasal deformity case, one notices a depressed dome, the wide nasal floor, the frequently short and deviated columella