



OPEN RHINOPLASTY FOR SECONDARY CLEFT NASAL DEFORMITY USING SUTURE TECHNIQUES

Rakhimov Saidnosirkhon Saidolimovich

Gulyamov Sherzod Bakhramjonovich

Rakhimova Kamola Esanbaevna

National Children's Medical Center,

Tashkent State Medical University

IBATOV'S CLINIC

<https://doi.org/10.5281/zenodo.17745811>

ARTICLE INFO

Received: 25th November 2025

Accepted: 26th November 2025

Online: 27th November 2025

KEYWORDS

To evaluate the aesthetic and functional outcomes achieved using the minimally invasive method proposed by the authors.

ABSTRACT

Correction of secondary nasal deformity is a key stage in the comprehensive treatment of patients with cleft lip. Numerous surgical techniques have been proposed to restore nasal shape, symmetry, and harmony of anatomical structures; however, none of them provides a universal solution to all existing problems. Many studies focus primarily on aesthetic reconstruction, while functional impairment—particularly nasal breathing disorders, which occur in more than 90% of such patients—remains underestimated. Therefore, special relevance is given to the use of gentle, non-destructive techniques that allow simultaneous improvement of nasal appearance and restoration of functional parameters

Introduction. Correction of secondary nasal deformity is a key stage in the comprehensive treatment of patients with cleft lip. Numerous surgical techniques have been proposed to restore nasal shape, symmetry, and harmony of anatomical structures; however, none of them provides a universal solution to all existing problems. Many studies focus primarily on aesthetic reconstruction, while functional impairment—particularly nasal breathing disorders, which occur in more than 90% of such patients—remains underestimated. Therefore, special relevance is given to the use of gentle, non-destructive techniques that allow simultaneous improvement of nasal appearance and restoration of functional parameters.

Objective. To evaluate the aesthetic and functional outcomes achieved using the minimally invasive method proposed by the authors.

Materials and Methods. From 2020 to 2024, a prospective study of 56 patients with secondary nasal deformities caused by cleft lip was conducted at IBATOV'S CLINIC. Almost all participants had previously undergone primary repair for unilateral cleft lip; some had a history of primary or secondary rhinoplasty.

Regardless of prior surgical interventions, all patients underwent correction according to standardized techniques routinely used in the clinic. Evaluation included preoperative and postoperative photographic analysis, measurement of nasal anthropometric parameters, and assessment of nasal breathing function.

Results and Discussion. In this study, we adhered to the concept of cartilage remodeling. Using this technique, we achieved near-complete mobilization and remodeling of the lower lateral cartilage. Various suture methods made it possible to rotate or derotate, lengthen or shorten, as well as project or reduce a collapsed nasal tip while adequately restoring the soft-tissue envelope.

Conclusions. The fundamental principles of this graft-free correction technique allow restoration of an almost normal and balanced nasal shape while preserving tip symmetry, nostril form, and alar contour—without the use of cartilage grafts or foreign materials. No single operation can fully correct all forms of complex deformities in secondary cleft lip/nasal cases. Surgeons must be familiar with various techniques and apply them based on the individual characteristics of each patient.

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