EDITORIAL

Rhinoplasty and Rhinology

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We are witnessing an explosion of facial aesthetic surgery. Rhinoplasty is the most frequently requested surgery. If so far rhinoplasty has been the desire of females, the percentage of men seeking such operations is on the rise nowadays.

Basically, rhinoplasty tries to confer the nose an appearance, proportions and angles that are in harmony with the rest of the face and head, with the look, the gestures and, finally, a comfortable self-image.

The concept of facial aesthetics has evolved according to the social and cultural customs of the society. To this is added the conception of beauty of each individual. Over time, there have been "beauty canons". They have evolved depending on the taste for beauty and the surgical performance.

The ancient Greeks, having as a model the Caucasian head, had a number of sizes and proportions still visible today in ancient sculpture. The head represented one-seventh or maximum one-eighth of the height of an adult; the nose had a quarter of the face height and it was supposed to have the same size as the ears and the forehead; the line of the lips should have been at about a third of the distance between the nose and the menton. These "canons" resisted until Leonardo Da Vinci and they were considered ideal proportions for facial harmony.

Da Vinci appreciated facial aesthetics by analyzing in the profile the relationship between the forehead, the nose and the menton. They must fit in a perfect circle, whose center is the external auditory meatus.

Albrecht Durer considered that the face and the head analyzed in the profile must correspond to three coordinates: straight profile, convex profile and concave profile. His work is distinguished by these concepts of proportions.

Over time, "beauty canons" have evolved. Modern aesthetic surgery has started and is still based on Humphreys' research (1984), which respected a number of important angles:

- the nasofrontal angle (N-Fr) with an ideal inclination of 115 – 135° in women and 120 - 125° in men.
- the nasofacial angle (N-Fa) formed by the dorsal nasal line to the facial plane, which must vary between 30 - 40° (the projection of the nose).
- the nasolabial angle, 95 - 110° in women and 90 - 95° in men, determines the position of the columella to the upper lip.
- the nasomental angle (N-M) formed by the line menton – dorsum nasi, which must be between 120 - 132°.
- the mentocervical angle (M-C), between 80 - 95°, formed between a horizontal line at the menton level and a vertical line of the facial plane.

The concordance of these angles represents the ideal facial aesthetic proportions for Powell and Humphreys and are accepted by most rhinoplasticians.

To these proportions the harmony between the nose and the look is added. The expressiveness of the look depends too on the height of the nose. A "high" nose (bone hypertrophy) is associated with a severe look and confers a look of hypotelorism to the face, unlike a small nose that associates with a kind look.

The nose, with its shape and dimensions, is also involved in the nasolabial complex, thus adding value to the beauty of smile and of lip sensuality.

The few geometric landmarks mentioned, selected from a variety of views on facial aesthetics that abound in the literature, are important aids for a correct facial aesthetic surgery. But to be valuable, the latter also needs the surgeon's "eye" and artistic sensitivity.

If rhinoplasty will only pursue the aesthetic effect neglecting the function, the result will always be unsatisfactory. When recommending rhinoplasty, the

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esthetician surgeon should consider a number of aspects of rhinosinusal pathology. They must be known and treated before, concurrently and after rhinoplasty. I recall them briefly without going into details: chronic inflammation of the nasal mucosa, allergies, chronic sinusitis, nasal polyposis, chronic hypertrophy of the inferior nasal turbinates mucosa (drug, toxic, etc.), nasal septum deviation, function of the nasal valve. In short, any cause that alters normal nasal respiration can influence the functional and aesthetic outcome of rhinoplasty.

A successful rhinoplasty must be followed by a proper functional morphodynamics, satisfactory for the patient and rhinomanometrically measurable.

In order to reach this goal, the question is whether the esthetician surgeon without knowledge of anatomy and endonasal pathology is responsible only for the aesthetic aspect or if the ENT physician – the rhinologist – would be more competent in solving the overall morphodynamic desideratum (aesthetic and functional) of rhinoplasty.

For reasons that are not strictly medical considerations, rhinoplasty is an international dispute between the two specialties.

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