28.1 Hanging (Hooding) Ala

The alar rim must have a harmonious line—not too low, not too high, not too straight, and not asymmetrical. When the relationship between the columella and the alar rim is not an aesthetic one, or when the nose has been significantly shortened by raising the columella, it may be necessary to raise the alar rim.

We see many operated noses presented at congresses and in the literature, which have a very beautiful profile, a perfect bony skeleton, and a good shape to the tip and whose only imperfection is a drooping lower lateral border, like a bird’s wings. This appearance results when the operator does not have the courage to perform a marginal resection or other procedure for elevation.

I employ the following technique to accomplish rim elevation: (1) marginal resection, (2) trimming the caudal rim of the lateral crus of the alar cartilage and the caudal ventral border of the septal cartilage, (3) trimming the upper part of the lateral crus and the caudal ventral aspect of the septum, and (4) partial resection of the alar lining.

28.1.1 Marginal Resection

A wedge excised as a strip along the free border of each overlying side wall sculptures the nostril curve and restores the proper columella–ala relationship. In the book by Denecke and Meyer (1964, 1967) I described the correction of a bilateral harelip nose by marginal alar resections and correction of the tip and lobule by way of a bilateral sickle-shaped excision on the anterior rim of the nostrils extending to the lobule. Millard (1967a, b) published procedures with similar marginal resections.

I now perform marginal resections in about 10% of all primary and 20% of secondary rhinoplasties. As I (Meyer and Kesselring 1977a–c) have explained elsewhere, I mostly cut the edge of the nostril along its whole length (Figs. 28.1D, 28.2) when the entire lower lateral rim is too low. On request I correct other anomalies, resecting the border only posteriorly (Fig. 28.1B) or anteriorly (Figs. 28.1A, and 28.7), or at either end (Fig. 28.1C). The outline of the wedge resection is marked carefully with a scalpel and the resection is carried out with a fine curved scissors (Fig. 28.3–28.9). After cautious cauterization with a no. 15 blade the cut edges are approximated by over-and-over sutures of 6-0 nonabsorbable material (Fig. 28.10). These lower lateral rim resections are often combined with alar base resections according to Weir (1882), Seltzer (1949), Safian (1935), Converse (1964a, b), and others. The rim resection can then fade into the alar base resection. These combinations have been described by Millard (1969a, b), Meyer (1977), and Planas (1977) in caucasian flat and thick noses, by Boo-Chai (1986) in Oriental noses, and by Spira (1966) and Avelar (1976) in negroid noses (Figs. 28.11, 28.12). In 1983 Farina et al. (1983a, b) reported on the satisfactory results obtained in the correction of pseudo-crypto-columella by marginal resection of the hanging ala, something that they called S-shaped nasal wing.

In many cases an important lowering of the bridge in high-bridged noses with a hump has a flaring effect on the nostril, pushing the side wall and the alar border into a lower position. This sagging of the ala produces an unattractive shape in the profile view, especially when the columella is tilted backwards with septocolumellar mattress sutures, giving the impression of a pseudo-hidden columella. This can be corrected with inner wedge resections of vestibular skin, together with resection of the caudal border of the lateral crus of the lower lateral cartilage as later also reported by Tardy et al. (1993). Thus, at the end of the operation I always have to check whether the width of the flaring nostril still needs to be reduced. In such cases a marginal resection then has to be added as a refining procedure.
Marginal resections for hanging ala. A Resection in the posterior part of the skin. B Trimming the anterior part of the rim. C Circumflex accent-shaped alar rim. Resection in the anterior and posterior part leaving the middle point at the original site. D Resection along the entire rim.

Fig. 28.2A, B. Alar border resection along the whole length in an elderly lady operated three times before.