

## A simple and safe “nose job” with HA filler using the sub-SMAS and dermal injection plane

Some notions of the anatomy of the nose are essential in order to properly correct it with filler. The nose has internal anatomical support structures (bones, cartilage) and soft outer tissues (muscle, fatty or loose cellular tissue and skin). The aesthetic analysis of the nose is an essential phase in planning correction of the nasal pyramid with filler. Before treating the nasal profile it is necessary to make a careful evaluation of the nasal dysmorphias characterizing every single patient. Evaluation of the profile of the nose is done on the basis of specific nasal angles that can be calculated using side-view photos of the patient: 1- Nasofrontal angle; 2- Dorsal angle; 3- Nasolabial angle.

The projection of the tip of the nose must also be carefully evaluated in order to avoid creating too much disproportion between the length and the projection of the nose. The method usually we use is the following: the tip projection is insufficient if it does not project beyond the septum angle which corresponds to the supra-tip.

Other essential landmarks to keep in mind in analyzing the profile of the nose are: 1- Radix; 2- Supra-rhinion; 3- Rhinion; 4- Infra-rhinion; 5- Supra-tip; 6- Tip; 7- Infra-tip; 8- Columella; 9- Subnasal point. Knowing the correct width of the angles and the correct correlations between the different landmarks is an indispensable element for adequate planning of filler treatment of the nasal pyramid using biphasic hyaluronic acid.

The Injection technique with the cannulas is described. We prefer the use of cannulas (25 or 22G) because it's safer than the needle use as it reduces the possibility of unintentional injection into blood vessels. It's possible to correct all nasal regions (radix, dorsum, tip and columella) through one or two entry points located at the tip and at inferior glabella zone. As the cannulas are less traumatic than needle they allow a filler injection with a lower rate of side effects as bruising or inflammation. The injected filler is a biphasic filler with medium or high G'.

The anatomical plane of injection at the nasal dorsum is the retro-SMAS plane and it's interdomal and between the two medial crura of the greater alar cartilage at the nose tip. These planes assure a safe and effective treatment of nasal defects.

When the correction of nose deviation or the definition of the tip are needed the injection of a biphasic filler with medium G is performed into the dermal anatomical layer. The intradermal injection determines a more stable result of the correction of lateral regions of the nose and increases the capability to better define the areas as the tip. Side effects and adverse events are reviewed and their treatments are analyzed and presented.

### References

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