



FORMATION OF "IDEAL" STRUCTURE OF NASAL PARTITION.

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<https://doi.org/10.5281/zenodo.14830490>

Over the past decade, rhinoplasty has been steadily growing and popularized around the world [1, 4, 6, 11]. Aesthetic rhinoplasty is the most common cosmetic surgery, where various modifications constantly appear. It includes a wide range of surgical interventions aimed at restoring congenital and acquired deformities of the external nose [2, 5, 8, 9, 10]. This fact reflects not only the need for this type of intervention, but also indicates the need to improve surgical intervention techniques, which entails a detailed understanding of the process [3, 7, 10].

The purpose of the study - is a retrospective analysis of the literature data on the formation and development of rhinoplasty.

Discussion. It is worth noting that the first mention of plastic surgery is correlated with the oldest form of punishment for murderers, rapists and unfaithful wives, namely, with nasal amputation [9]. This method was the most effective, since, preserving a person's life, made him an outcast of society without the right to recovery. The first attested mention of forced amputation of the nose in world history dates back to 1500 BC, it was carried out in India [9]. After that, at the direction of the King of India, the first ever documented operation to restore the nose was carried out [9, 11].

In ancient Egyptian papyri dating from 3000 AD e., there are references to the provision of assistance with fractures of the nasal bones. The main materials used to fix and stabilize the bones of the nose were silver and copper. Rigid rolls of cloth were also used, prefiguring the modern langet. At the same time, the first attempts were made to correct congenital nasal deformities [10, 11].

The foundations laid served as starting points for further the development of all rhinoplastic operations until the beginning of the 19th century. A logical improvement in the methods of repairing the amputated external nose through the use of various methods of reconstruction, such as the Indian flap, Italian flap, etc., was inextricably linked with the names of the great surgeons of that time - Celsus, Galen, Tagliacozzi and others [4, 6, 7, 9].

In 1828, the French surgeon Lisfrank, demonstrating his method nose reconstruction, using a cardboard template for marking, presented preoperative planning, which proved the importance of taking into account the topographic features of the feeding vascular leg of the flap for performing nasal reconstruction [9, 11].

An indisputable contribution to the solution of the issues of reconstructive operations and, in particular, the restoration of the nose was made by Professor N.I. Pirogov. His lecture "On plastic operations in general, on rhinoplasty in particular," read in 1835, was warmly received by contemporaries, which once again aroused interest in this issue.

Speaking of aesthetic rhinoplasty, it is impossible not to mention J.O. Roy, since he described the method of endonasal surgery for the first time in the world, which, unlike the open method, did not leave scars in the nasal region [1, 3, 6, 9].

The term "rhinoplasty," which is used to refer to the entire block of plastic and reconstructive surgery in the modern community of surgeons, was pioneered by Ferdinand Von Graefe. He was also one of the developers of the "unpromising" method of tissue transplantation, which formed the basis of modern ideas about plastic surgery [12].

R. Weir also made a significant contribution to nasal surgery. He proposed a new stage of the operation, which consisted in shifting the bony structures of the nose inward, which made it possible to reduce the width of its base [6, 8, 10, 12].

R. Weir was the first to use cartilage derived from the caudal part of the septum to correct the drooping tip of the nose. It is worth noting that this method significantly improved the results of aesthetic rhinoplasty, which contributed to the further development of this area [3, 4, 7].

Surgeons of that time involved in rhinoplasty began to note the need not only for a more detailed analysis of the preoperative preparation of patients, but also for improving septoplasty techniques.

I. Padovan was the first to introduce the submucosa technique and subperiosteal detachment using open access, and suggested starting any nasal correction with septoplasty [9, 11]. In 1971, his report "Open Access in Rhinoplasty" was presented, which covered this issue in detail. It is generally accepted that it was this event that triggered the development of two main directions in the management of any surgical intervention for the correction of the nose: "open" and "closed" rhinoplasty [1, 2, 5, 11].

Conclusion: As mentioned earlier, septoplasty is one of the basic components of effective surgical correction of the nose. To date, numerous septoplasty methods have been described. However, even minor technical errors can not only reduce the operation to zero, but also lead to disfigurement. Therefore, the success of the operation, including adherence to the anterior nasal spine and maintenance of support, depends on knowledge and understanding of the main anatomical landmarks of the nose.

As a consequence of its natural development today, modern nose surgery is engaged in the search and improvement of techniques and techniques for performing operations on the nasal septum in order to preserve or restore the main functions of the nose. The whole point of rhinoplasty is the phrase M.H. Cottle: "How the septum behaves, so the nose will be."

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