Chapter 27: The Nasal Starting Point

When looking at the face from the profile, there are several points of interest to consider. One that I find most fascinating is the nasal starting point, sometimes referred to as the radix. This is the depression where the nose meets the forehead. The nasal starting point directly influences nasal length and overall balance of the facial profile. Our eye can easily tell when the nasal starting point isn't quite right.

The deepest point is called the sellion, the point from which the nose takes its origin. It's usually located in the zone between a horizontal line through the upper eyelid crease and the upper eyelashes. When this point is too high, the nose appears long and draws our attention to the nasal bridge. Check out Michelangelo's, David, my favorite sculpter. By giving David a Romanesque nose with a high nasal starting point, Michelangelo is conveying strength, confidence and stability. An under projecting or lower lying nasal starting point, which is common in Asians, diverts attention to the nasal tip and lower one-third of the nose. In combination with an under projecting nasal dorsum, the nasal profile appears scooped. Some patients come by this appearance naturally or it can result from an overaggressive hump removal. When the nasal starting point is low, the dorsum may have the appearance of a pseudo hump.

The nasal starting point is also defined by its height, which is ideally 9-14mm as measured from the frontal plane. A "top heavy" Romanesque nose is often characterized by an over projecting nasal starting point and an obtuse nasofrontagle. This junction where the top of the nasal bone meets the forehead bone is often quite solid. Lowering this point is more involved than just removing a dorsal bump. For more detail, refer to Chapter #11.

Deepening or lowering the nasal starting point can be done manually with a chisel and file or mechanically with a special drill. The ultimate result, however, is often dictated by how tightly the overlying skin adheres to the new shape. The more acute the angle, the better the outcome. However, thick skin and muscle may lessen the amount of improvement that can be achieved.

Raising the nasal starting point involves placing something under the skin to push it up. This could be synthetic filler, which is injected. Hyaluronic acid or hydroxappetite has been used as a temporary fix. The injection needs to be directly onto the nasal bone to avoid the risk of a vascular event and skin necrosis. Injectables will last approximately one year.

A more permanent solution requires an implant, which is a solid synthetic material. A small pocket is made under the skin just large enough to accommodate the implant, which is precisely sculpted to create the desired effect. This is easily done during an open or closed rhinoplasty procedure. Septal cartilage when available is often the first choice. Care must be taken during the harvesting to preserve ample septal cartilage for nasal support.

Synthetic implants are available for the nasal dorsum and the nasal frontal angle. They carry a slightly higher risk of injection. This might be the choice when cartilage or bone sources aren't readily available. Nasal septal cartilage is often thin or too weak to use for this purpose in Asian patients. Scar

tissue forms around whatever implant is used. The scar tissue will stabilize the implant in position. In the case of cartilage and bone implants, new blood supply grows into the implant from the surrounding area. Little resorption is anticipated and the implant is expected to stay the same shape and size.

Although it is uncommon, some patients have a low nasal starting point and a dorsal hump. In these rare cases, the hump can be shaved and literally moved up toward the forehead to augment the nasal starting point.

The nasal starting point is an extremely important landmark used by the rhinoplasty surgeon in the assessment of overall nasal balance and aesthetics. It's position and height are particularly important when evaluating nasal profile aesthetics.