

RHINOPLASTY DIARIES #1: DIFFICULT (& INTERESTING) SITUATIONS IN RHINOPLASTY

Author:

Dr. Brajendra Baser

MBBS, M.S (AIIMS), DNB, RCSEd, DLO(London)

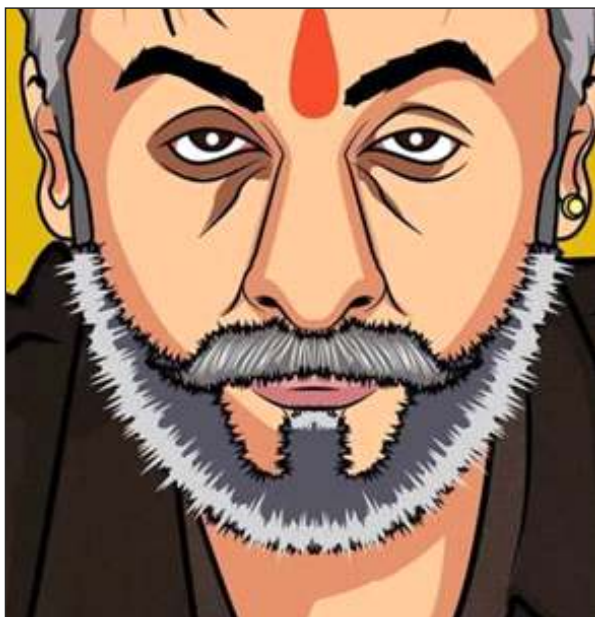
Fellow -Facial Plastic surgery - University of Gothenburg, Sweden

Director of Akash Nose Clinic, Indore

Bicholi Mardana Main Road, Opposite Agarwal Public School, Indore.(M.P.) India

Over the last 30 years as a Rhinoplasty surgeon I have had a few situations where I had to make decisions on whether or not to operate. Rhinoplasty is a cosmetic specialty and you often balance the pride (and vanity) of your patient with what is right for them. I hope these examples can be instructive for doctors looking at longevity in the profession.

Rhinoplasty & the unsocial elements



Variables affecting outcome of implant^[6,7] are duration of disease, etiology of disease, age at onset of deafness, pre implant hearing aid use, communication mode, age at implantation^[4], type

of speech processor, duration of implant usage, family support and financial status, expertise provided, facilities for rehabilitation.

Problems unique to Indian scenarios of multi lingual society is of language barrier for rehabilitation. Well equipped audiology unit with expertise team of audiologist are the basics for rehabilitation. Access to good schools for hearing challenged is the future way for good rehabilitation. Uniform rehabilitation in their mother tongue with active child's parent participation are essentials for auditory verbal rehabilitation^[8].

In my experience most patients take some time to decide about Rhinoplasty — they discuss with family, Google about nose jobs and discuss with you again about complications and possible outcomes. Most of them consult other doctors before making a decision. Sometimes you are surprised patient immediately agree for Nose job and wants it the next day only, Wait there may be a catch. Some people want to change their nose shape to mask their identities

I started my Rhinoplasty practice as a lecturer at the **T.N. Medical College and BYL Nair hospital Mumbai**. I operated on a very interesting crooked nose nearly 30 years ago as a young surgeon and I wanted his post-operative pictures for my collection. We tried to call him on a land line but no response (No mobiles at that time). From his case paper I found out that his address was very

close to Nair hospital so I decided to go to his home in Byculla chawal (very near to Nair Hospital) on my Kinetic Honda scooter. When I reached there he saw me and immediately he went inside then another person came and asked me what I wanted. I said I wanted his post-operative pictures and he asked me if I am from the police department or a informer to which I replied (I was now shivering) and said no I am the doctor who operated on him. He went inside and came out and told me, "Bhai has pardoned you this time but forget that you operated him or even know him and never come back this site and don't mention it to any one".

I drove my kinetic Honda as fast as I could and I still sweat when I remember this incidence. Also be careful to whom you hand out cards, my visiting card was found in the pocket of a criminal (though I did not consult this man he got it through some other person). Law enforcement agencies came to me showed his photo and asked me if I operated on him. I said no, then they showed me many photos of his friends, but I did not know any one. They finally said, "yes we know this, we have made all enquiries before we came to you, but be careful and don't give your cards to strangers".

Don't work under pressure

When I was just starting out I was asked to see a patient in the late evening who was a MP and national prominent figure's daughter whose silicone implant was eroding the skin to whom other doctors had advised removal of implant. They had consulted many plastic surgeons in the Metros and every one advised the same. I think they thought that since I am a Junior practitioner I would yield to their demand as she loved her nose shape with implant and didn't want to have it removed at any cost. It was in the early years of my Rhinoplasty practice, I needed the money and wanted high profile clients but good sense prevailed on my head. I refused to do it the way they wanted and insisted on the removal of implant — they were annoyed with me, threatened me and used a lot of good words. I was polite but firm and finally they went away very

angry but I know I made a right decision.

One of the politicians (in power) had a depressed nose and wanted to have nose job because his party chief made fun of his nose and he was scared he may not get a party ticket to contest this time. We had a long discussion and accepted that ,Nose job may not help his political career.

We did his nose job he got the party ticket as well , he didn't come back to us again but we read in newspaper that he lost the election. Fortunately he didn't blame it to the nose job

Most Indians have craze of foreign surgeons. A ex minister from southern Indian state came to Indore unannounced with his team of nearly 10 people while we were having a Rhinoplasty workshop. We were busy so my mobile was switched off. He bribed my secretary and clinical staff Rs. 1000 each (big money for them 12 years back) and got my resident's cell number to reach me. He had come to know about the European faculty in the workshop and wanted a nose job by them privately and was willing to pay any amount of money. Both faculty saw him and advised him to choose an Indian surgeon with more experience of thick skin but he was adamant and wanted one of them to operate him next day. We also gave him the option to become a sample case in the workshop he refused as didn't want public display. Both faculty declined to operate him privately and advised him to come to Europe like any other patient. Eventually, he wanted me to come to his city to operate but elections were announced and he deferred his plan. de the right call.

Many upcoming film stars want just a little improvement in profile in nasal tip dorsum. I often ask them what happens if even after the nose job you don't click? Most reply, "Doc that's my luck & destiny". I have operated on many and one made it big (but now they don't recognize me).

Always, always keep proper records. A prospective film star came back to me 4 years after his nose job. He walked into the clinic without an appointment, refused to pay consultation fee and wanted to see me urgently. It was 4 years post-surgery so I did not remembering exactly what

was done to his nose but to me it looked very good. However, he insisted that this is not what he wanted and paid for and insisted on a free revision surgery. (This was again many years back in my early practice). We took his clinical pictures and I asked him to come the next day.

We took out all his records and pictures to compare the pre-op and post-op pictures in all views. There was significant improvement, it was a closed approach nasal tip plasty and we were thrilled to get 4 years post-operative pictures (follow up is a big problem in India). The records clearly mentioned what we discussed and the results.

Empowered with this information I showed him all records and comparative pictures. Now his tone changed, "no doctor I didn't mean that, you did a great nose job I just wanted the tip to be little more sharp, please help me to make my career". I said "OK we can take you as a new case and you will have to bear all the cost, which will be double the original due to the inflation and a revision surgery as such costs more". He was taken aback and asked me if I thought he really need a nose job to which I gave him a honest answer. "Even though I will lose my fee but in my honest opinion your nose is perfect and you will be better off without a nose job". He thanked and went away smiling.

But, there are some genuinely touching moments

I do want to end on a happy note though, we have all read auto-biography of our late Prime Minister Indira Gandhi in which she mentions that all her life she wanted to have her nose fixed but couldn't get it because of her busy schedule and the unwanted publicity which may come with it. Pretending to have an accident and have it fixed may be one of the thoughts came to her mind but it never materialised

We had an interesting case of a 74 years old man who consulted me for Rhinoplasty. I joked with him saying that at your age people go for cataract, knee joint replacement or heart treatment not a

nose job. He took out a torn paper, my consultation paper dated 20 years back and said he wanted nose job from a long time but his children did not allow it and he did not had enough money.

Curious, I asked him why now and his answer was very touching, "Look doctor all my life I saw my face in mirror and hated my nose, I lived with it but do not want to die with it." We did accept him and did his Rhinoplasty and had a happy customer.

Rhinoplasty dairies -I tried to pen down some of the interesting and difficult situations I faced in my Rhinoplasty career of over 30 years, will make interesting reading for the budding Rhinoplasty surgeons.



I am happy to contribute an article to the Journal and also congratulate the Association of Otolaryngologists of India - UP State Branch for the Journal and wish all the success.

Communicating Author:

Dr. Brajendra Baser

MBBS, M.S (AIIMS), DNB, RCSEd, DLO(London)

Fellow -Facial Plastic surgery - Univ. of Gothenburg, Sweden

Director of Akash Nose Clinic, Indore

Consultant Rhinoplasty Surgeon – Bhatia General Hospital, Tardeo, Mumbai.

Recipient Dr. R.A.F. Cooper Gold Medal & Award of AOI.

Recipient , Ranbaxy Award of the Rhinology Society of India

[E: baserbv@gmail.com](mailto:baserbv@gmail.com) M: 9926564080 / 731-3222630

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EOSINOPHILIC MUCIN RHINOSINUSITIS MASQUERADING AS MALIGNANCY

Authors:

Sunil Goyal¹, Gunjan Dwivedi^{2*}, Ritika Bhatia³, Vikas Gupta⁴

Authors Affiliations:

(1)Associate Professor, Dept of ENT-HNS, Army Hospital Research and Referral, New Delhi, India, (2) Associate Professor, Dept of ENT-HNS, Command Hospital, Armed Forces Medical College, Pune, India (3) Senior Resident,(4) Vikas Gupta, Associate Professor, Dept of ENT-HNS, Command Hospital, Lucknow

Abstract

Introduction: Extensive inflammatory nasal masses with orbital and intracranial extension can mimic nasal malignancies and their management generally require extensive open surgical approaches. However with good imaging, preoperative knowledge of histology and use of endoscopic approaches with powered instruments, such extensive open surgeries can be avoided.

Case report: We are reporting a case of an extensive unilateral nasal mass with orbital and intracranial extension which on initial evaluation appeared to be a malignant lesion. It was managed with endoscopic sinus surgery. Final histopathology and microbiology were suggestive of an inflammatory lesion - eosinophilic mucin rhinosinusitis (EMRS).

Conclusion: EMRS is an inflammatory nasal mass and it can be extensive mimicking a malignancy. Conservative endoscopic approach is now the treatment of choice for most of these inflammatory nasal masses and even intracranial, extensive supraorbital and orbital extensions can be excised endoscopically.

Keywords: Rhinosinusitis, Nasal polyps, Mucin, Eosinophil, EMRS

Introduction

Extensive inflammatory nasal masses with orbital and intracranial extension masquerade as malignancies and have been traditionally excised by open surgical approaches with facial incisions. However nasal masses which are medial to midpupillary line can be excised endoscopically without using open surgical approach. Some cases of chronic rhinosinusitis with polyps present as unilateral nasal mass with bony destruction and proptosis. They masquerade as malignant lesions. However with good imaging for extent of lesion, preoperative knowledge of benign histology they can be managed well with conservative surgical approach of endoscopic sinus surgery instead of open surgery.

Similar outcomes with better patient satisfaction are achieved with endoscopic approach as an external scar is avoided and there is preservation of facial sensations as infraorbital nerve is preserved.

We report one such case of an extensive right nasal mass.

Case Report

A 22 year old male patient presented to our centre with complaints of rhinorrhoea and nasal obstruction right nasal cavity of three months and proptosis right eye of two months duration. (Fig 1).