

5. COMPLICATION OF RHINOPLASTY



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Introduction. Rhinoplasty is one of the most frequent plastic surgeries in the maxillofacial region, the purpose of which is to change the shape and size of the nose, eliminate curvature, align the nasal septum, correct nasal defects, both congenital and acquired, as well as to improve the functions of the nose. However, like any other surgery, rhinoplasty involves risks and complications, so every practicing surgeon must have a thorough understanding of the anatomy of the nose and the surgical manipulations involved to reduce risks and avoid complications. Central to the evaluation and planning of surgery is a thorough anamnesis, physical examination, preoperative consultation with allied specialists, and a discussion of all risks, possible complications, and alternative treatments directly with the patient.

Aim of study. Assessment of likely immediate and delayed complications of rhinoplasty.

Methods and materials. The evidence base is built on the analysis of scientific articles from Google Scholar, PubMed, ResearchGate, Elsevier, using keywords such as "rhinoplasty," "rhinoplasty complications," "immediate complications," and "delayed complications" for the period from 2013 to 2023, totaling 55 scientific articles.

Results. According to the results of analyzing scientific articles, most authors note that complications of rhinoplasty can be both immediate and delayed. The most frequent immediate complications are nasal bleeding (hematoma), which occurs in 0.2-3% of cases. The second place is occupied by infections at the surgical site (cellulitis or abscess) - up to 1.5%, out of which venous thromboembolism - 0.1%, the third place - divergence of edges/sutures - 0-5%. The delayed complications may be the following: septal perforation - 1-5%, changes in breathing or taste - less than 1%, postoperative scars - 0-1.5%, and skin discoloration. The reoperation itself after the detection of complications is noted separately, as repeated traumatization of the operated area increases the possible risks of new complications by 5-15% according to different sources. According to many authors, even additional operations in other areas of the body (nose - complication rate of 0.58%, nose + face - 1.04%, nose + body - 0.84%, nose + chest + face + body - 7.14%, etc.) increase the likelihood of complications, including on the rhinoplasty performed.

Conclusion. The result of rhinoplasty is difficult to predict, but by conducting comprehensive work in the form of preoperative preparation (careful collection of anamnesis, photo documentation, physical examination), knowledge of likely complications and methods of their elimination, as well as constant contact with the patient and a discussion of alternatives, will reduce the likelihood of risks and objectively assess the results of treatment.