4.1.11 Medical Rhinoplasty and Rhinotip

- **Definition**: The immediate chemical and medical rhinoplasty and rhinotip by using the technique called endopeel have mechanisms of action like myotension, a myoplasty and myopexy with duration not exceeding 6 months.

- **Indication**: Three indications of rhinoplasty and rhinotip by the endopeel include: 1 – the nasal tip lifting by injecting the nasal depressor of the septum; 2 – the nasal aisles narrowing by injecting the nasal aisle elevator; and 3 – the projection and narrowing of the nasal pyramide by injecting the ligament of pitanguy (Fig. 52 and 53).

- **Contraindication**: Contraindications of rhinoplasty and rhinotip by the endopeel include: 1 – nasal pathology, 2 – presence of pure indications for surgical correction, and 3 – allergy to arachides.

- **Procedure**: The chemical mixture used for injection is made of carbolic acid and arachidonic acid. To reshape the nasal depressor of the septum, two injections of 0.15 ml have to be made including: 1 – one to the barycenter of the philtral triangle, delimited by the philtrum bands laterally and the orbicularis oris as base of this triangle, and 2 – one at the top of this triangle, where the philtrum bands converging in one unique point, making an angle of 30 grades with the horizontal to reach the little muscle at the bottom of the nasal septum (Fig. 54, 55, 56, 57, and 58).

- **Adverse effect and complication**: No serious adverse effects have been reported.

Fig. 52

Rhinotip treated by chemical myoplasty of the nasal depressor of the septum: A – before and B – 6 month after treatment. (Taken by Dr. Alain Tenenbaum, SACDAM-Dr.Tenenbaum-Grunzlistrasse 6-CH-6055 ALPNACH DORF-SWITZERLAND)

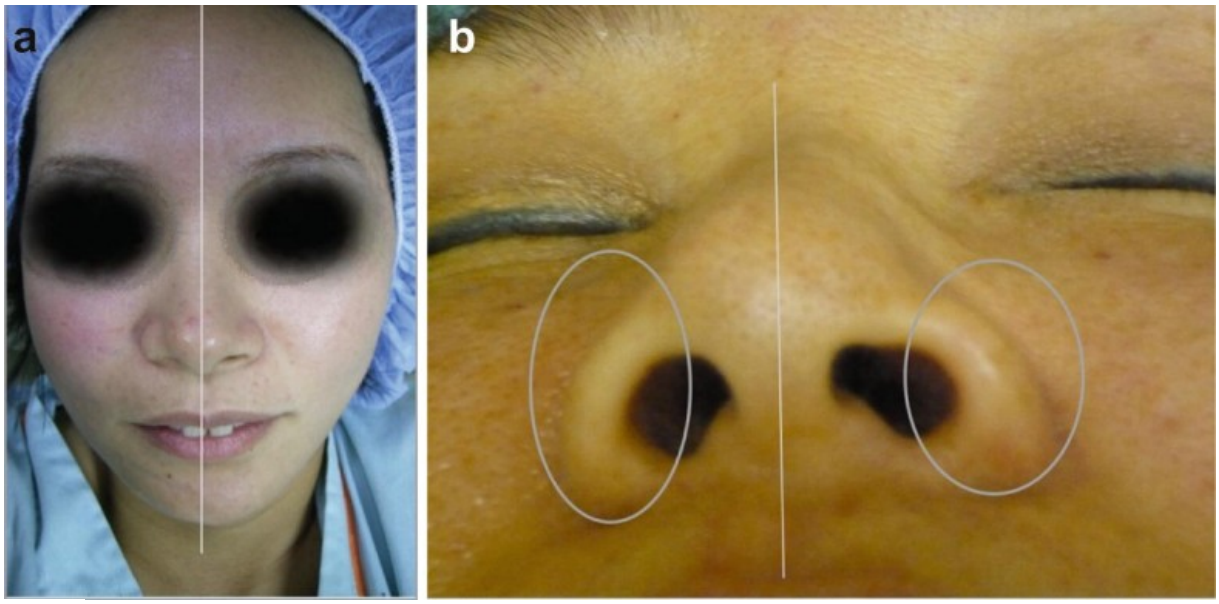

Fig. 53

Narrowing of the nasal aisle by chemical myoplasty of the nasal aisle elevator in a Japanese female: A – before treatment and B – just the right nasal aisle treated with 2 injections of 0.15 ml of the solution. (carbolic acid + arachidonic acid) showing nice shape of the right nostril in terms of size, width, and direction. (Taken by Dr. Alain Tenenbaum,SACDAM-Dr.Tenenbaum-Grunzlistrasse 6-CH-6055 ALPNACH DORF-SWITZERLAND)

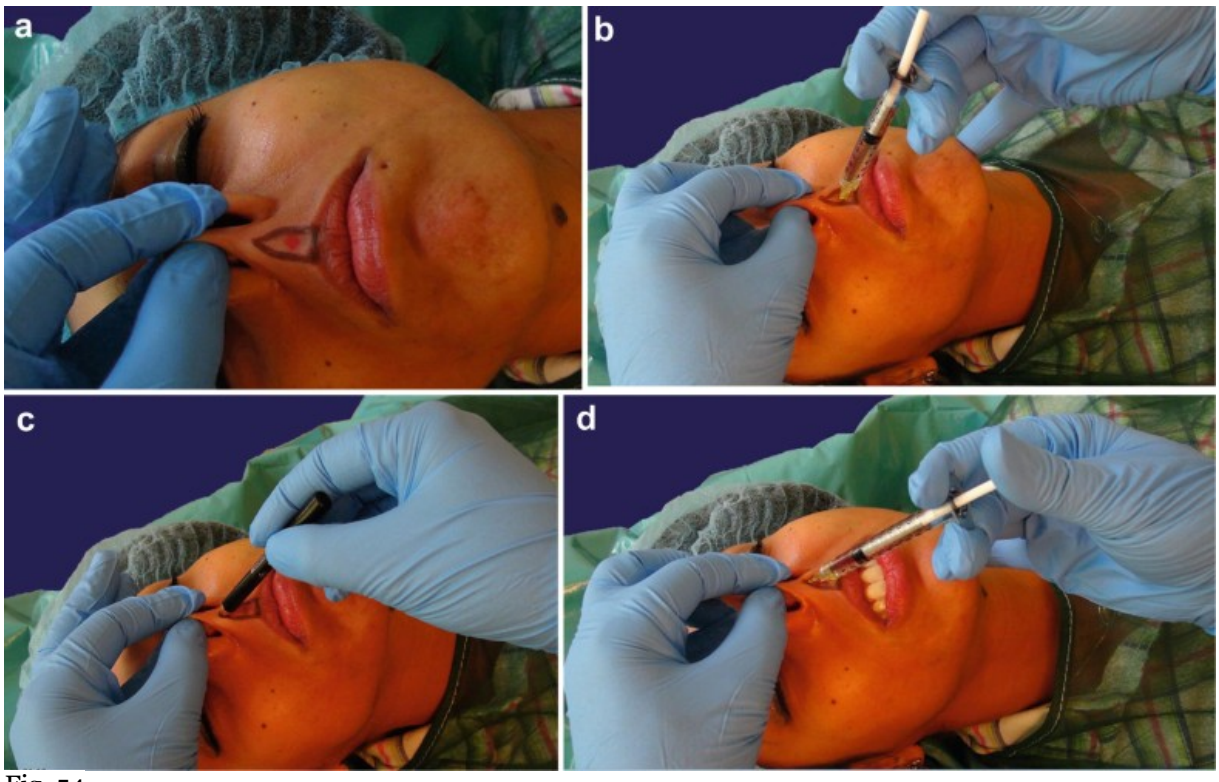

Fig. 54

(**a**) – the first injection of 0.15 ml of the mixture (carbolic acid + arachidonic acid) to the barycenter of the triangle delimited by the philtrum bands laterally and the orbicularis orisas base of this triangle; the barycenter easily seen as the most depressed (red point) area of this philtral triangle, (**b**) – the importance of the position of each finger of the physician's each hand for the first injection, (**c**) – the second injection of 0.15 ml done at the intersection of the philtrum bands or at the top of the philtral triangle with an angle of 30 grades with the horizontal to reach the delicate caudal muscle of the septum, and (**d**) – the importance of the position of each finger of the physician's each hand for the second injection. (Taken by Dr. Alain Tenenbaum, SACDAM-Dr.Tenenbaum-Grunzlistrasse 6-CH-6055 ALPNACH DORF-SWITZERLAND)

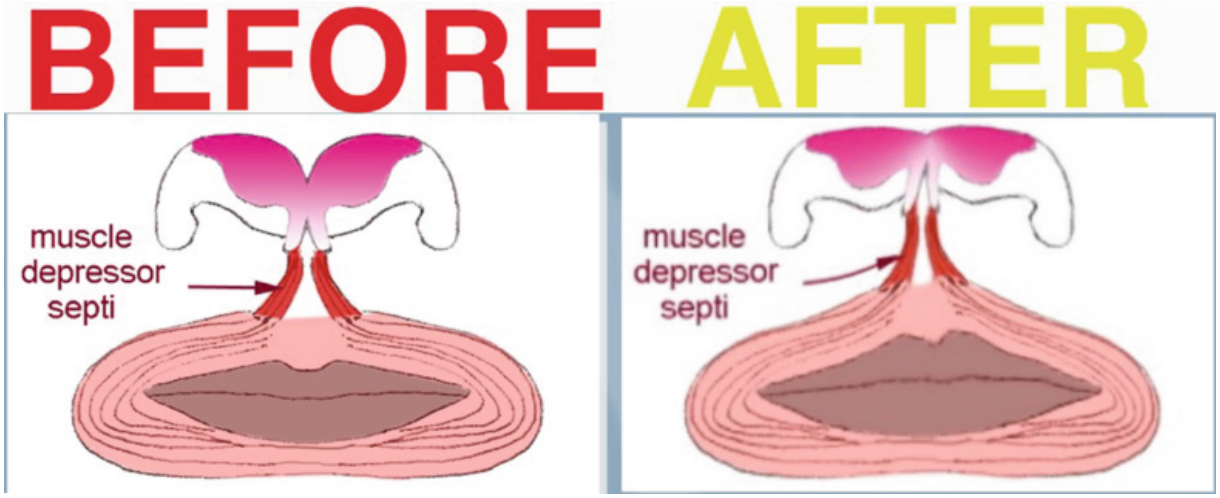

Fig. 55

Triangle base shortening and lateral sides adduction of the depressor septi. (Courtesy of Dr.Gianfranco Vettorello, Udine, Italy)

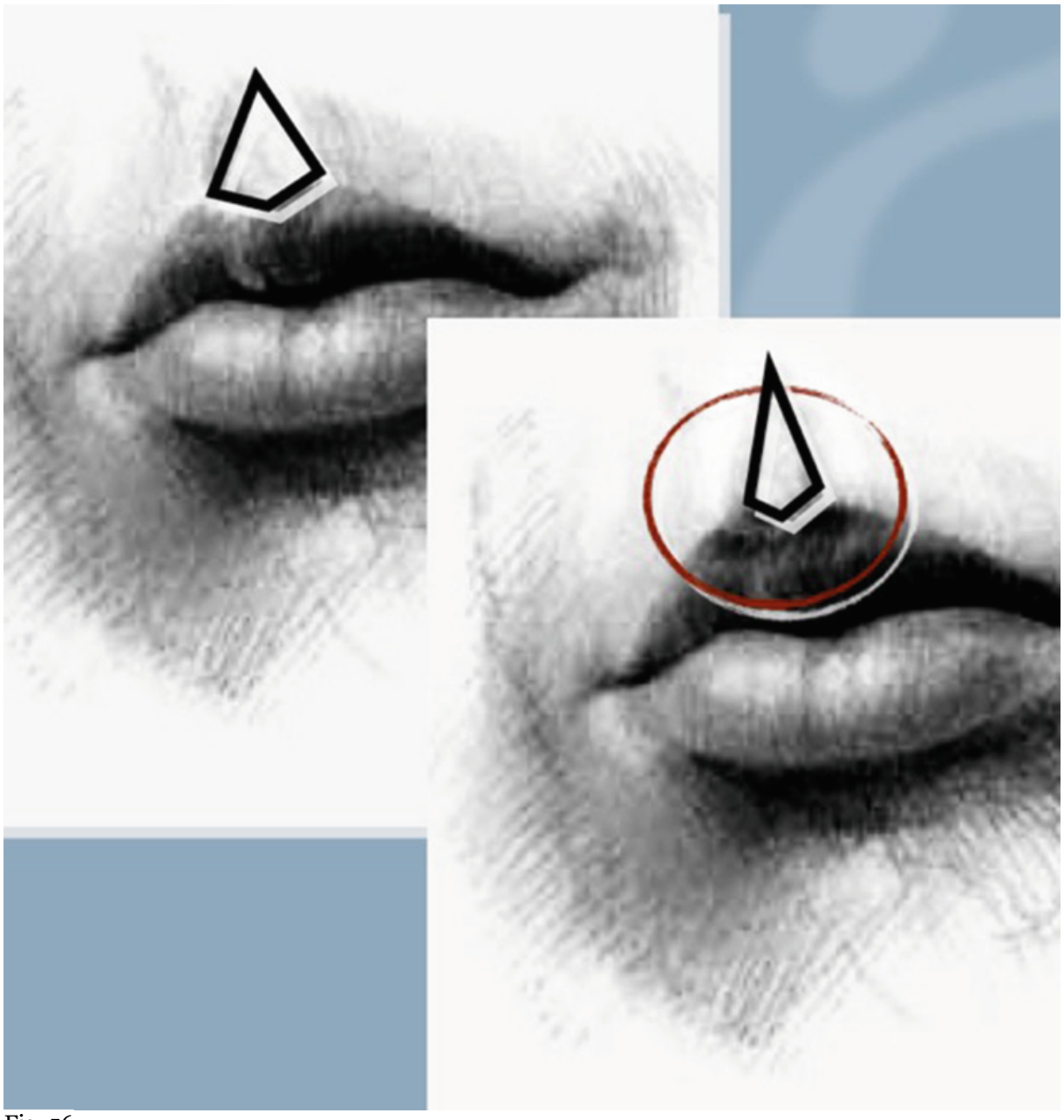

Fig. 56

The philtrum improvement from 2D to 3D. (Courtesy of Dr.Gianfranco Vettorello, Udine, Italy)

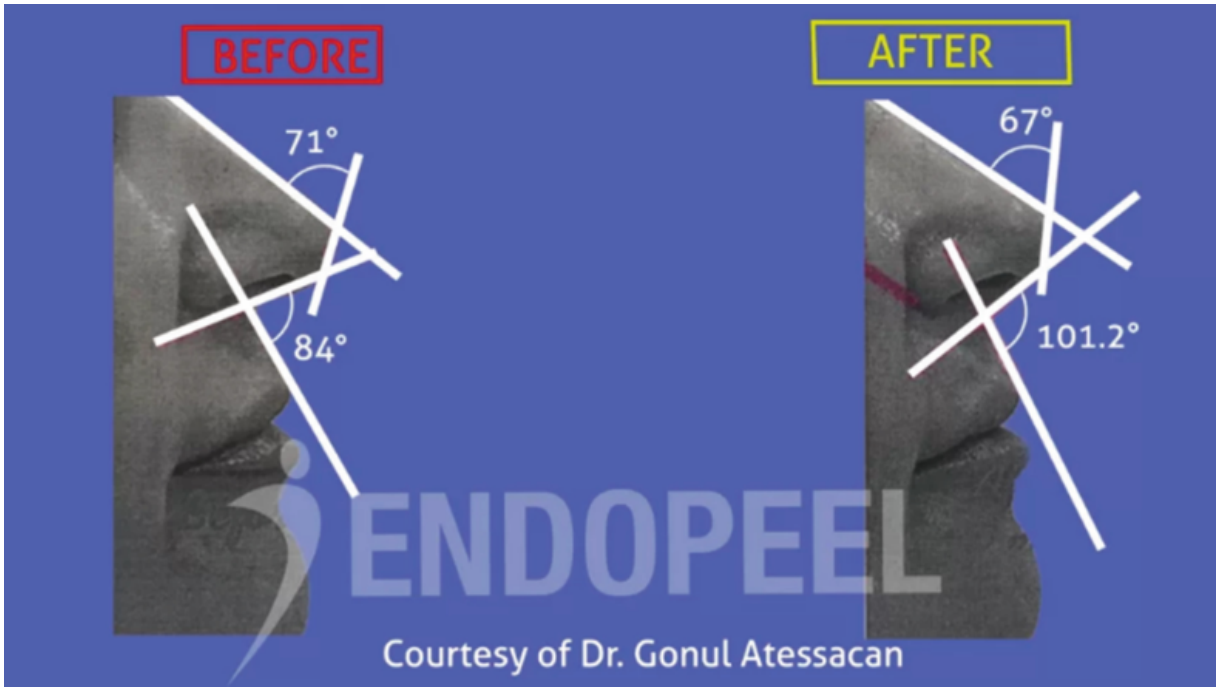

Fig. 57

The nasolabial angle before and after chemical myoplasty of the nasal depressor of the septum. (Courtesy of Dr.GönulAtessacan,EAFPS,Istanbul,Turkey)

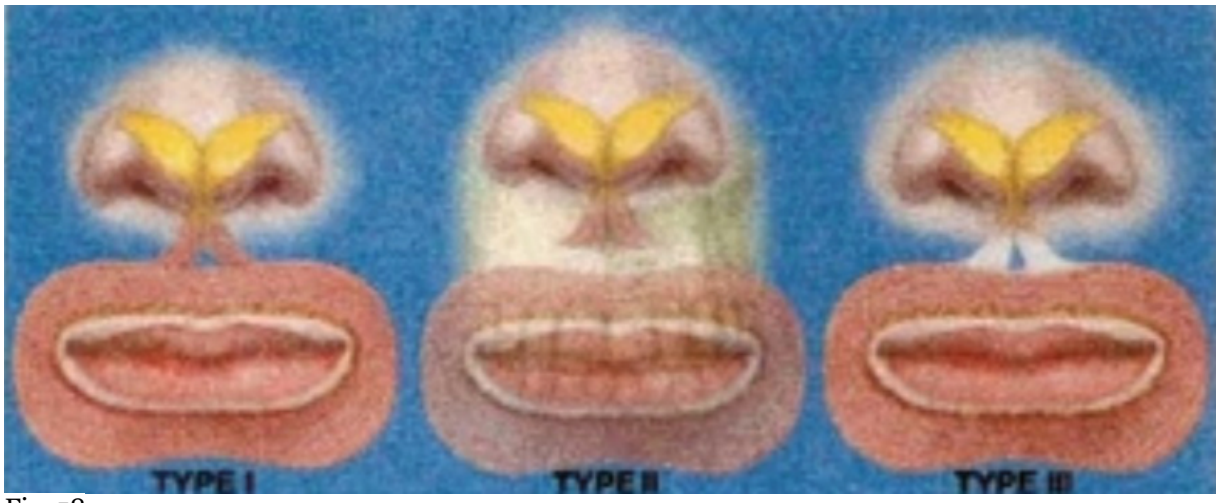

Fig. 58

Unpredictable absence of results in case of type II and III of Rohrich. (Source: Moina and Moina 2016)