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| RESEARCH ARTICLE

Teorhinoplasty: A New Era in Aesthetic and Functional Rhinoplasty

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| ABSTRACT

Rhinoplasty, a complex procedure at the crossroads of aesthetic and functional demands, aims to restore nasal harmony while preserving a natural appearance. In this study, we present our experience with Teorhinoplasty, a standardized technique, to assess its aesthetic and functional outcomes, reproducibility, as well as its indications and limitations. Six patients (5 women and 1 man), with a mean age of 30.3 years, were included. All underwent Teorhinoplasty performed by the same surgeon between January 2022 and January 2025. Postoperative outcomes were deemed satisfactory by both patients and the surgeon. Teorhinoplasty remains a standardized preservation technique. It offers a simplified alternative to conventional methods, with reproducible and predictable results. However, careful patient selection is essential due to its specific limitations.

| KEYWORDS

Teorhinoplasty, New approach, Surgery, Aesthetic.

| ARTICLE INFORMATION

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1. Introduction

Rhinoplasty is one of the most complex procedures in facial cosmetic and functional surgery. It aims to restore and/or improve the appearance and function of the nose while preserving its structural integrity and naturalness. The fundamental objective is to produce an aesthetically harmonious and functional nose with a natural appearance. [1]

In this work, we present our own experience following the adoption of Teorhinoplasty as the reference surgical technique. The aim of this study is to evaluate the aesthetic and functional results obtained, as well as the reproducibility, indications and limitations of this approach, which is tending towards standardisation.

2. Materials and methods

This is a retrospective study, conducted at the Mohamed V Military Training Hospital in Rabat, over a period of 3 years, between January 2022 and January 2025.

All patients received a full pre-operative consultation, including an exo and endonasal examination. Observations were recorded on cards containing key information.

The external examination focused on the length, width and symmetry of the nose, with particular attention to the root, dorsum and tip. Sheen's dorsal aesthetic lines were analysed. The tip was assessed according to its shape, its proportion in relation to the nasal bridge, and the symmetry and shape of the nostrils. The position of the foot of the septum was used to detect any septal deviation, and the quality of the skin (thin, thick or oily) was also noted.

In profile, a number of aesthetic landmarks were studied: glabella, naso-frontal angle, root, dorsum in search of a hump or sulcus. We also assessed the rotation and projection of the tip, the infra-apical region, the columella, the naso-columellar angle, and the shape and free edge of the nostrils.

The aim of the endonasal examination was to identify any septal deviations, hypertrophies of the turbinates and sequelae of previous surgery (scars, synechiae, perforations).

Palpation of the nose was used to assess the thickness and suppleness of the skin, the length of the clean bones, the regularity of the bony structures and the strength of the septum in the middle and lower thirds of the nose. The tone of the triangular and wing cartilages and the strength of the caudal septum and anterior nasal spine were also assessed. A dynamic analysis was carried out, particularly when smiling, to identify any caudal tilt of the tip.

A CT scan of the nasal pyramid was carried out in patients with a history of trauma. Finally, photographs of the face, profile, three-quarter and inferior views were systematically taken of all patients.

3. Results

We enrolled seven patients, five women and two men, with a mean age of 30.3 years (26-35 years).

All patients had relatively straight, thin noses. The clinical characteristics of some of them are shown in the following figures:

Patiente n°1 with a left nasal deviation, a dorsal osteo-cartilaginous bump and a globular, ptotic nasal tip. **(Fig. 1-3)**

Figure 1 – Preoperative aspect

Figure 2 – Appearance on post-op day 12

Figure 3 – Appearance one month post-op

Patiente n°2 showed a dorsal hump and a septal deviation, highlighted on basal view. **(Fig. 4,5)**

Figure 4 – Preoperative aspect

Figure 5 – Appearance on day 45 post-op

Patient n°3 had a small nose, with a slightly globular and ptotic tip and a nasolabial angle estimated at 90°. **(Fig. 6,7)**

Figure 6 – Preoperative aspect

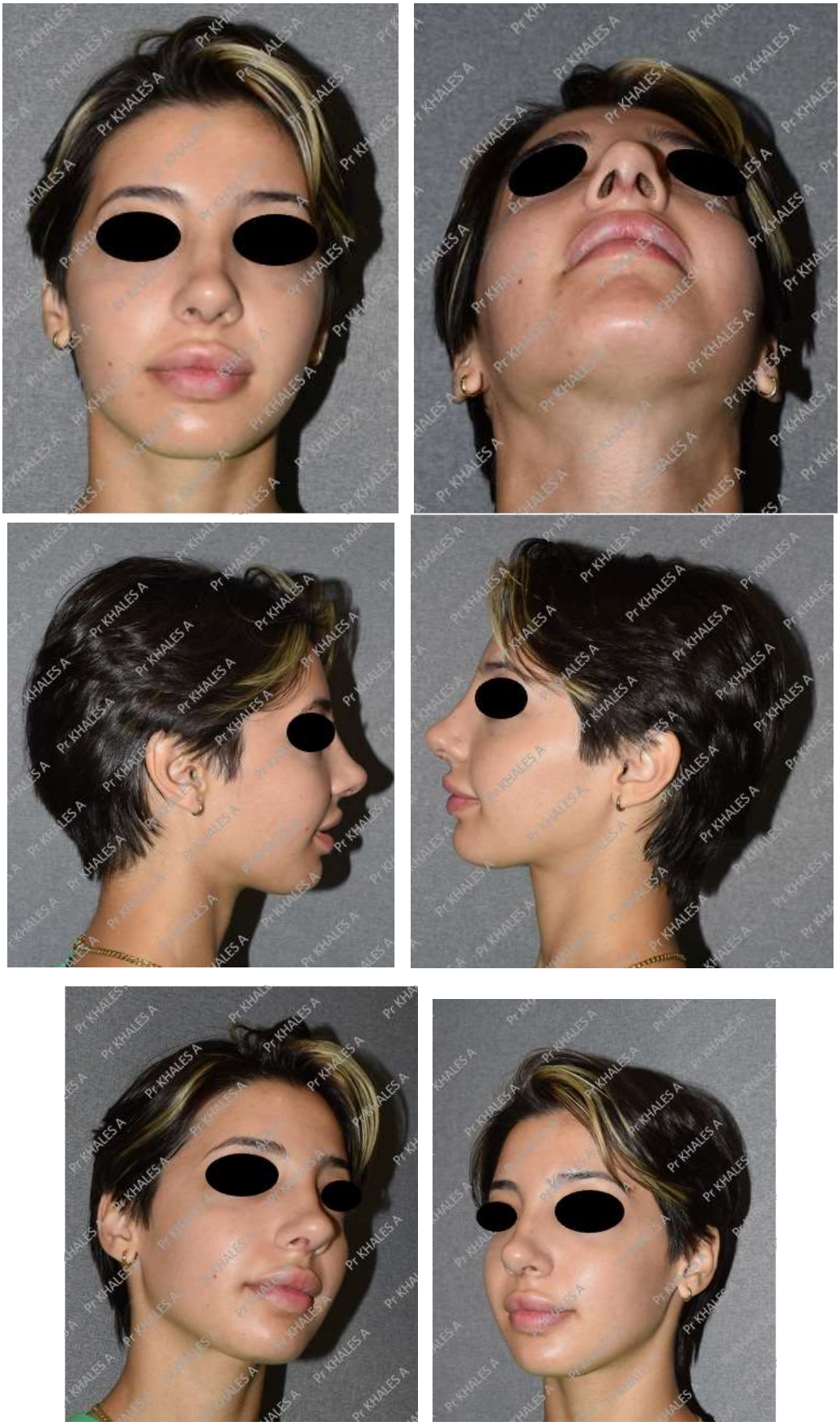

Figure 7 – Appearance one month post-op

Patient n°4 with a projected nose, right deviation, ptosis of the nasal tip and slight nostril asymmetry. **(Fig.8-10)**

Figure 8 – Preoperative aspect

Figure 9 – Appearance on post-op day 15

Figure 10 – Appearance on day 45 post-op

Two of our patients with nasal deviation underwent CT scans of the nasal pyramid, which revealed a posterior septal deviation.

The technique used is open teorhinoplasty, performed by the same plastic surgeon.

The immediate result and post-operative checks were carried out on day 7, day 15, one month and day 45, with a satisfactory result for both the patient and the surgeon.

4. Discussion

Rhinoseptoplasty, as described by the surgeon Teoman Dogan, is a technique that uses a minimalist, algorithmic approach, with the aim of preserving structures and achieving a natural, long-lasting result. [1]

Teorhinoplasty is based on a standardised operating protocol comprising 20 sequential steps, strictly applied in a predefined order. This systematic methodology is designed to ensure complete assessment and correction of nasal aesthetic parameters. The rigorous application of this protocol improves the reproducibility of surgical results, while limiting tissue damage and promoting atraumatic recovery. [2]

This technique stands out from conventional and contemporary approaches to rhinoplasty because of its simplicity of operation and its high degree of reproducibility, making it possible to achieve a harmonious improvement in the nasal profile while promoting optimised post-operative recovery. Like all surgical procedures, Teorhinoplasty has specific indications and certain limitations. It is particularly suitable for patients with a thin, rectilinear nose who are looking for an improved profile without any significant change to the front view. This approach is indicated in cases of moderate demand for correction, where the aim is to maintain a natural balance between the different nasal structures, while minimising invasive procedures. **[3-9] (Table 1)**

Aspect	Classic Rhinoseptoplasty	Teorhinoplasty
Philosophy	Reducer	Reconstructive and structural
Septum	Corrected if necessary	Central element, reinforced
Nasal tip	Sutures, reduction	Supported and rebuilt
Results over time	Can be unstable	Longer lasting and more stable
Respiratory function	Moderately taken into account	Closely related to structure
Technicality / duration	Simpler / shorter	More complex / more time-consuming

Table 1- Comparison between conventional rhinoseptoplasty and Teorhinoplasty

In our experience, Teorhinoplasty has significantly improved the management of patients with a thin, straight nose, by offering a technique that is both reproducible, structured and adaptable. From the initial infiltration to the final dressing, each stage of this technique is integrated in a coherent and fluid manner. The immediate post-operative result is often remarkable, both aesthetically and functionally, with lasting stability that reinforces the natural nasal appearance over time. This consistency in results contributes to a twofold satisfaction: that of the patient, due to the harmony achieved without visible stigmatisation, and that of the surgeon, thanks to the reliability and progressive mastery of the method.

5. Conclusion

Teorhinoplasty is an innovative, standardised technique for rhinoplasty. Based on a rigorous algorithmic protocol consisting of twenty systematically performed steps, it offers a simplified alternative to contemporary techniques that are often more complex. This method is suitable for patients with a straight or thin nose who are looking to improve their profile without any notable frontal changes, and stands out for its reproducibility and the predictability of the results obtained. However, like any surgical technique, its indications remain specific and its limits must be clearly identified to guarantee optimal results.

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