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Collapsing Alae Nasi

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It is emphasized that this trouble occurs far more frequently than is recognised by doctors and patients.

The cause of the trouble can be organic (i.e., substantial or anatomical abnormalities of the columella, septum, skin, cartilage of the wings of the nose, paralysis of the muscles, etc.) or can be purely non-organic.

In the latter case the patient is breathing with his nose but not through the nose. He never practiced keeping his nose open during the inspiration, on the contrary, he relaxes the dilating muscles, so that even the little vacuum during quiet inspiration is sufficient to suck the lateral cartilage against the septum. His complaint is a wet nose and a dry throat, because the nose cannot give off its moisture as there is no incoming air and the throat dries out because the patient breathes too much through the mouth.

For all kinds of organic abnormalities there are special plastic operations.

When the nose openings have not grown out on account of too little use, very good results can be obtained by displacement of the lobules laterally. It is essential, before this is undertaken, to teach the patient normal breathing through the nose. After separation of the lobule from the cheek, a skin incision is then made parallel to the wound margin on the cheek at a distance of 5 to 6 mm from it. The flap of the cheek and some underlying tissue is shifted inward and sutured into the wound. The lobule is transplanted into the new wound and fixed by sutures.

To make sure that this operation will succeed in abolishing the patient's trouble one has to prove this beforehand

with two little wooden applicators widening the meati.