

# Unilateral Absence Of Nose With Proboscis

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**Key Words :**

Nose, Proboscis.

**ABSTRACT :**

A case of unilateral absence of nose with nasal proboscis and microphthalmia is being reported for its rarity along with proposed surgical procedure and review of literature.

Unilateral absence of nose is a rare disorder which is often associated with unilateral arhenecephaly or unilateral proboscis which hangs down from the medial canthus. The case is being reported for its rarity.

**CASH REPORT**

The baby who is eight, in the order, was the result of a full term normal delivery. There was no history of any congenital abnormality in the family. After birth there was no respiratory or feeding problem.

**On Examination :**

There was absence of right half of the nose with a unilateral proboscis which hung down from the right medial canthal region (Fig.1). It was 3 cm in length, tubular in shape and 2.5 cm in diameter. The distal 1/3rd was hollow lined with mucosa with presence of secretions. The 2.3rd circumference of the distal end was soft.

A small soft pedunculated nubin of the size of 1/2 cm was present at the site of absent nostril. There was associated microphthalmia on the right side. There was no other congenital abnormality.

## PHOTOGRAPHS 1-3



## Figures :

1. Skiagram, Water's View, Absent Rt. Nasal Bone
2. Absent Nose (Rt. Side) with Proboscis and Microphthalmia.
3. Post Op. After Repair.

## Operation Notes

Patient was operated upon. A reverse Y shaped incision was given on the undersurface of the proboscis. The soft tissue between the two short limbs of Y was excised preserving the cartilagenous position, Mucosa was dissected for a distance of 2mm. The proposed site of ala on the right side was marked. A mirror image reverse Y shaped incision was given on the proposed site of lateral half of the nose raising two lateral flaps and distal flap. The distal flap was turned down and sutured to the previously dissected mucosa of the the proboscis with 3-0 chromic catgut forming the vestibule. The two lateral flaps were trimmed and stiched with the lateral margins of the opened up proboscis in layers

with 4-0 chromic catgut and 5-0 silk. The soft pedunculated nubbin present at the site of absent external nostril opening was excised.

Post operative period was uneventful.

## DISCUSSION :

The unilateral absence of nose is a disorder which is often associated with unilateral arhenecephaly or a unilateral proboscis which hangs down from the medial canthus. The absent nostril opening may be represented by a blind dimple and in most cases there is a scar or a slight bony tubercle just above the inner canthus. Nasal proboscis in some cases may be associated with ipsilateral microphthalmia, arhenocephaly, deformity of one cerebral hemisphere and might suggest a unilateral fronto nasal dysplasia as the more likely cause. Even in cases of hemiabsence of the nose not associated with underlying brain deformity, there is dystopia of the medial canthal area and sometimes a small nasal proboscis.

Such cases have been reported by Wahby (1903), Blair (1931), Fatin (1955) and Walker (1961).

Bilateral development failure of the nasal proboscis of the frontonasal process results in non-formation of the external nose and nasal cavity but in the failure of nasal placode, development is unilateral, and a unilateral absence of nose results.

Pt is being reviewed periodically and further surgery if is found necessary will be carried out accordingly.

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