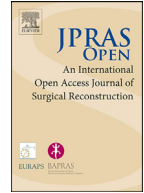




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Short Communication

Footplate releasing technique for correcting short noses in revision and Asian rhinoplasty

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ARTICLE INFO

Article history:

Received 29 June 2025

Accepted 12 October 2025

Available online 21 October 2025

Keywords:

Rhinoplasty

Footplate releasing technique

Short nose

Projection

Definition

Revision

ABSTRACT

Background: To achieve aesthetically pleasing results that are in harmony with the face, it is essential that the nose length is proportionate to facial proportions. Short and upturned noses can give the impression that the tip of the nose has been cut off when viewed from the front.

Objective: The aim of this study is to obtain a longer nose by increasing the prominence of the nasal tip through repositioning the medial and lateral crura using the Footplate Releasing Technique in patients with short noses, particularly in Asian patients.

Materials and Methods: The Footplate Releasing Technique was applied to 37 revision cases and 32 primary Asian noses. The technique consists of three stages. In the first stage, the medial crus was cut from the nasal base. Then, the lateral crus was lengthened by stealing from the medial crus. In the final stage, the cut and shortened medial crura were sutured to a strong columellar strut placed between them and extended to the nasal floor. Patients were followed up for an average of 12 months (range: 6–18 months).

Results: The Footplate Releasing Technique was successfully applied to 37 revision cases and 32 primary Asian noses. The nasal tip point was recreated at the desired level with extended lateral crura. The nasal tip was moved forward and downward, reducing

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cephalic rotation while achieving the desired projection. Targeted tip point, rotation, and projection results were obtained in all patients, with satisfactory aesthetic outcomes.

Conclusions: In revision cases and short nose deformities commonly seen in Asian patients, the Footplate Releasing Technique effectively extended the nasal tip forward and downward. This approach reduced nasal rotation while simultaneously lengthening the overall nasal structure.

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Introduction

The short nose is characterized by increased nostril visibility, a long upper lip, an over-rotated cephalic tip, and decreased nasal height when viewed from the front. It can also be defined by a low radix, alar retraction, an increased nasolabial angle, and decreased nasal bridge length.¹ In Asian patients, short nose deformity after primary rhinoplasty often results from the addition of grafts or implants for augmentation rather than resection or refinement. Previous studies have described using septal extension grafts (harvested from septal or costal cartilage), columellar strut grafts, and shield grafts to lengthen the nasal tip. In addition, the Vertical Alar Lengthening (VAL) technique has been reported as an effective approach in short-nose surgery.^{2,3}

We developed the Footplate Releasing Technique (FRET) to effectively lengthen the medial and lateral crura, achieving natural-looking results in short noses, particularly in Asian patients and revision cases with over-rotated noses.

Materials and methods

The study was approved by the Haseki Training and Research Hospital Clinical Research Ethics Committee (Reference number: 89-2023), in adherence to the Declaration of Helsinki and Good Clinical Practices.

Technique

Due to the severity of the cases, all patients underwent open rhinoplasty under general anesthesia. Our goal was to lengthen the nose by moving the nasal tip forward and downward. The three-stage technique was applied as follows:

1. The medial crus of both lower lateral cartilages was resected from the nasal base.
2. The lateral crus was extended using medial crural steal, and a new dome was created at the desired level.
3. The medial crura were sutured to a columellar strut graft or extension graft extending to the nasal base at a higher level.

This approach extended the nasal tip forward and downward, effectively lengthening the nose. A septal extension graft was used in eight patients with a weak caudal septum, while the FRET was applied in the remaining cases. Septal cartilage was used in 32 Asian patients and 13 revision cases, while costal cartilage was used in 24 revision cases (Video 1–2) ([Figures 1–2](#)).

Results

Between 2021 and 2024, the FRET was performed on 69 patients (37 revisions and 32 primary Asian noses). The patients ranged in age from 22 to 53 years, including 32 males and 37 females.



Figure 1. Revision patient with a short nose in which the FRET was applied.



Figure 2. Asian patient with a short nose in which the FRET was applied.

Among the 37 revision cases, 16 were secondary, 17 were tertiary, three were fourth, and one was sixth revision. Postoperative evaluation was primarily based on nasal length increase and patient satisfaction. The nasal tip point was successfully advanced to the desired location in all cases. While no formal statistical analysis was performed, future studies will incorporate objective measurements such as nasal length, nasolabial angle, and validated PROMs for a more comprehensive outcome assessment.

Patients sought treatment due to disproportionately short noses relative to their facial proportions. Satisfactory increases in projection and adjustments in rotation were achieved in all patients.

Three revision short-nose cases developed early postoperative ecchymosis localized to the columellar region. This was attributed to either skin closure under tension or tightly sutured nasal silicone splints. No tissue necrosis occurred.

Management included early removal of silicone splints, initiation of hyperbaric oxygen therapy, ozone therapy, application of vasodilator creams, and local heat therapy. All cases resolved completely without columellar necrosis.

Discussion

Nasal length is defined as the distance from the radix to the pronasale. A short nose is typically diagnosed when its length is less than one-third of the ideal facial length. Characteristics include excessive nostril visibility, an elongated upper lip, an over-rotated nasal tip, and reduced nasal height.⁴

Wei et al. demonstrated a 4 mm increase in nasal length using costal cartilage, emphasizing the importance of patient selection and surgical technique for long-term outcomes.⁵ Seneldir et al. described the Vertical Alar Resection technique, which shortens the lateral and medial crura to reposition the nasal tip.⁶ In contrast, the FRET lengthens the lateral crus using tissue from the medial crus, creating a new dome point. This technique is particularly useful in revision and Asian short-nose cases.

In short-nose correction with the Footplate Releasing Technique (FRET), skin should not be closed under excessive tension, and nasal silicone splints should not be tightly sutured. In multiple-revision cases, the columellar region should be closely monitored to prevent necrosis. If early signs of vascular compromise are observed, timely interventions—including removal of splints, hyperbaric oxygen therapy, ozone therapy, vasodilator creams, and heat application—can restore healthy perfusion without necrosis. We acknowledged the lack of quantitative outcome measures as a limitation and outlined plans for future studies with longer follow-up and standardized measurements.

The FRET helps achieve sufficient tip projection and rotation in patients with a short columella. Releasing the footplates facilitates access to the nasal spine and caudal septum, allowing for necessary interventions. In revision cases, it reduces tension on the columellar skin, minimizing the risk of circulatory disorders and necrosis. Additionally, it reduces the risk of hypertrophic scars and keloids by decreasing wound tension. Footplate asymmetry, common in crooked noses, can be corrected by excising excess tissue, resulting in a more symmetrical nostril appearance.

Conclusion

The FRET provided sufficient nasal lengthening and corrected tip rotation in all short-nose cases. The technique allows safe elongation without compromising tip stability. Complications were minor and resolved without tissue loss. FRET represents a reliable approach for revision and Asian short-nose rhinoplasty.

Funding source, financial disclosures

This research did not receive any specific grants from funding agencies in the public, commercial, or not-for-profit sectors.

Consent to participate

Informed consent was obtained from all individual participants included in the study.

Consent to publish

The participants provided informed consent regarding publishing their data and photographs.

Ethics approval

Our study was conducted at Haseki Training and Research Hospital, Department of Otorhinolaryngology Head and Neck Surgery, and adhered to the principles of the Declaration of Helsinki and Good Clinical Practices Guide. Ethical approval was obtained from the Haseki Training and Research Hospital Clinical Research Committee (reference number 89-2023).

Declaration of competing interest

The authors declare that they have no known competing financial or nonfinancial interests or personal relationships that could have appeared to influence the work reported in this paper.

Supplementary materials

Supplementary material associated with this article can be found, in the online version, at [doi: 10.1016/j.jpra.2025.10.019](https://doi.org/10.1016/j.jpra.2025.10.019).

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