

# **POST-RHINOPLASTY TELANGECTASIA: A TEDIOUS COMPLICATION SUCCESSFULLY TREATED WITH A CuBr LASER AT 578 nm**

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Telangiectasias are a possible complication of rhinoplasty. Their appearance may compromise the result of an otherwise uneventful operation, causing patients' dissatisfaction. Cutaneous photoageing, topical steroids, familial predisposition, cutaneous damage by surgical dissection, early postoperative trauma are among the possible factors that may contribute to this fastidious phenomenon. In some cases telangiectasias may appear even though none of these factors is present. The medical literature often mentions this complication among others but there are no data about its incidence, that may be heavily under reported. During the last years laser treatment of telangiectasia has turned from an innovative procedure to a standard treatment modality, thanks to the possibility of selectively eliminating the undesired vessels without damaging the surrounding tissues. However, this is not so obvious for this series of complications that were referred to our practice: in these very demanding and impatient operated people we had to look for a highly effective and yet safe treatment modality, since they probably would not have tolerated other untoward effects such as purpura or scarring, or an excessive (in their eyes) number of sessions to solve their problem. We present 8 consecutive cases of nasal telangiectasia following primary rhinoplasty. The mean age of our patients was 33 (range: 19-52) with a 1:3 M to F ratio. The mean time that elapsed between surgery and the appearance of telangiectasia was 9 months (range: 4 – 16). All cases were treated with a Copper Bromide (CuBr) laser at 578 nm. This laser was chosen due to its high affinity for oxyhemoglobin, together with an adjustable pulse duration and its low side effects profile. In all our cases the telangiectasias were the only cause of dissatisfaction for otherwise successful operations, as judged by patients and their referring physicians. The results show a 70 – 90% clearance after one treatment session. No relevant undesired effects were caused and there were no complications. All treatments were well tolerated without any anaesthesia. No particular pre or post-treatment topical care was necessary, and patients were allowed to use camouflage immediately after treatment. Patients' satisfaction average was 3.2/4, as shown by

feedback questionnaires. In most cases we were able to isolate the probable causes of the telangiectatic complication, that shall be discussed in the presentation in order to try to prevent them in the future. We conclude that the CuBr laser is a safe and effective treatment modality for telangiectasias, even when they appear after rhinoplasty operations. We find this conclusion potentially very reassuring both for patients and surgeons, and we urge the latter ones to consider this possibility when informing their patients before the operations.

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