



# Classification and Management of Alar Base Reduction in Asian

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## INTRODUCTION

The alar base plays an important role in the overall appearance and balance of the nose. Despite this, it is not often evaluated independently during preoperative nasal examinations, and, thus, it often exhibits imperfections during secondary rhinoplasty. Some of these imperfections are recognized easily, whereas others are subtle and are only identified during a detailed examination by the surgeon. Some are primary deformities that were not addressed initially, whereas others develop as secondary deformities, such as excessive alar flaring, which can develop after reduction of tip projection.

## AIMS / OBJECTIVES

For proper assessment of the nasal base width, a clear distinction should be made between the width of the alar base and the degree of alar flare. Nasal sill reduction involves the complete resection of skin and underlying soft tissues at the location of the nostril sill to make the alar base narrower. The goal is to accomplish a natural result and preserve the natural curvature of the lateral alar and function.

## MATERIALS / METHODS

Many different factors can affect the extent of alar flaring and alar base widening, including the strength and orientation of the alar cartilage, nasal tip projection, and the insertion angle of the ala into the face. Like other parts of the nose, the nasal base partially determines the aesthetic and functional characteristics of the nose. Furthermore, the orientation of the nostrils and the shape of the nasal base both vary significantly between ethnic groups. In this regard, nasal base modification can improve nostril shape and orientation, reduce alar flaring, improve nasal base width, correct nasal hooding, improve symmetry, and create overall facial harmony. One approach to narrowing the alar base is alar base resection, whereby surgeons completely resect the skin and underlying soft tissue of the nostril sill. Alternatively, surgeons can make an excision more lateral to the insertion of the ala. Such an approach, in addition to reducing the alar base, also decreases excessive alar flaring. Lateral alar reduction from the base of the alar lobule to just above the alar facial groove improves excessive alar flare without narrowing the nostril.

## RESULTS

**Table 1**  
Classifications, characteristics, and treatment of alar base deformities

Classifications	Characteristics	Treatment
Type 1	Alar flaring without wide alar base	Lateral alar reduction
Type 2	Wide alar base without alar flaring	Nasal sill reduction
Type 3	Wide alar base with alar flaring	Lateral alar reduction and nasal sill reduction
Type 4	Thick alar side wall	Alar side wall excision
Type 5	Thick alar side wall with wide alar base or/and alar flaring	Lateral alar reduction or/and lateral sill reduction and alar side wall excision together
Type 6	Alar hooding	Vestibular skin excision

