Introduction

Retinitis pigmentosa (RP) is an inherited, degenerative eye disease that causes severe vision impairment due to progressive degeneration of the rod photoreceptor cells in the retina. Nasal deformities are known to attract attention, result in stigmatization, and negatively affect a person’s self-perception. Cosmetic surgical management of blind patients is a broad undertaking, requiring the involvement of both a plastic surgeon and a psychologist. While plastic surgeons have performed various reconstructive surgeries on blind patients, including mammoplasty and abdominoplasty, rhinoplasty for a blind patient has not been reported to date. The results of this study point to the positive psychosocial outcomes in a 33-year-old blind patient following rhinoplasty.

Case Report

A 33-year-old man was referred to our clinic with a nasal deformity [Figure 1]. The patient was unmarried, worked in a factory, and lived with his parents. His RP diagnosis was made in early infancy, and the disease resulted in total loss of vision. On physical examination, the patient’s nose was determined to have a wide and low tip, large hump, deviated septum, and double-barrel nostril. Psychopathology was not observed in either the patient or his family; their attitudes were all quite positive. It was not obvious upon observation that the patient was blind, and he did not have strabismus. The patient was evaluated to be a suitable candidate to undergo rhinoplasty. Utilizing the open surgical approach, the following procedures were performed under general anesthesia: Hump resection, lateral osteotomy, nasal tip plasty, and septoplasty. Concha radiofrequency, L-strut grafts, and spreader grafts were also applied. When the patient’s splint was removed 10 days after the surgery, his family was pleased with the result. The patient, examining his nose with his hands, stated that the result was good. Eighteen months on after the procedure, the patient had no complaints and was quite happy [Figure 2]. A mental status examination indicated that the patient’s general appearance, speech, emotional expression, thinking-perception, and cognitive functions were normal.

Results

The results of this study point to the positive psychosocial outcomes in a blind patient following rhinoplasty.
DISCUSSION

There has not been enough research related to the sociopsychiatric consequences of esthetic interventions in blind patients. While face transplants, hand transplants, breast surgeries, and other reconstructive surgical procedures in blind patients are reported in the literature, rhinoplasty is not reported.\[4-7\] It is the author’s view that rhinoplasty is more interesting than other reconstructive operations in blind patients since it is strictly esthetic, whereas the other surgeries are associated with essential functions that impact a patient’s quality of life. Due to the psychological aspects of the procedures, which require very long-term follow-up and ongoing evaluations of the treatment, possible risks must be thoroughly explained to face and hand transplant patients.\[7\] In comparison, rhinoplasty is simpler, with lower complication rates and higher patient satisfaction results.

Cases of blindness have been reported in large numbers in the literature following rhinoplasty and cosmetic filler procedures.\[8,9\] Reversely, blind patients receiving esthetic surgical procedures are extremely rare. The patient in this study indicated that he wanted smoother facial features before getting married, which seemed reasonable to me. It was not obvious upon observation that the patient was blind. I agreed to perform the surgery because the patient expressed a desire to have a smoother nose, hence an unblemished appearance. In rhinoplasty, which is a complicated surgery, patient satisfaction can sometimes be low. Since rhinoplasty patients are often affected by positive or negative feedback from their friends, family, and others around them, it is a difficult operation for plastic surgeons. Sometimes, patients are warned not to pay attention to comments they hear because not every comment is true. Understandably, however, blind patients usually ask others about the success of their surgery, so the results must be impeccable. Because our patient and his family were cooperative, we did not have any trouble. It should be noted that even though rhinoplasty is not as complicated as face or hand transplants, it is necessary to be careful with a blind person’s esthetics. Since it appears that there will be an increase in cosmetic surgeries on blind patients in the future, it is necessary to develop a good postoperative follow-up plan.

CONCLUSION

The results of this study point to the positive psychosocial outcomes in a blind patient after rhinoplasty.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Nil.

Conflicts of interest

There are no conflicts of interest.

REFERENCES


Figure 1: (a) Preoperative images of a 33-year-old blind male patient, (b) frontal images of 1-year postoperative results

Figure 2: (a) Preoperative lateral images of the patient, (b) postoperative lateral image of the patient