The Lateral Transhelical Approach to Otoplasty: A Not-So-New Concept for Separating the Helix From the Antihelix

Steven G. Wallach, MD

I would like to compliment Dr. Valente on the excellent description of his technique in the article “Separating the Helix From the Antihelix: A New Concept in Prominent Ear Correction” (Aesthetic Surg J 2010;30:139-153). That being said, I would also like to caution against the inclusion of the word new in plastic surgery manuscripts in general. As a medical student at New York University, I recall comments made by Dr. Joseph McCarthy, the director of plastic surgery, to the residents and students when someone claimed to describe a new way of performing a procedure. As he said in some of his personal communications, most “new” procedures had likely been documented already in the Italian, French, or German medical literature.

Although this “new” technique may very well have been described in the literature some time ago, I would like the readership to know that it was described more recently by a mentor of mine whose passion was ear reconstruction. Dr. Ravelo Argamaso was an innovative thinker, a talented craniofacial surgeon, and a wonderful teacher to more than 120 residents. He directed the craniofacial program at Montefiore Medical Center and left a strong impression on me. I had the pleasure to work with him on what I believe was his final plastic surgery contribution to the literature. In 1975, Dr. Argamaso was the lead author of an article on the lateral transhelical approach to otoplasty. He described the complete transection of the ear cartilage between the helical rim and the antihelix through a lateral ear approach. His early experience was also published in Aesthetic Plastic Surgery. In a personal communication, he stated that he performed most ear reconstructions this way because he felt that it allowed him the safest access for repair with few if any complications. In the literature, he described his 22-year experience with this technique on 66 patients with prominent ears. He placed nonabsorbable sutures to fold the cartilage and reported a 0% suture extrusion rate.

Dr. Argamaso’s contribution to this subject was just one of many in the field of plastic surgery; more than likely, it was not even “new” when he described it, but I felt that his contribution deserved mention. Again, Dr. Valente’s subsequent description of his own case series adds to the literature on this subject and serves to further support the validity of this approach, which is appreciated.

Disclosures

The author declared no conflicts of interests with respect to the authorship and/or publication of this article.

REFERENCES


Dr. Wallach is Associate Clinical Professor of Plastic Surgery at the Albert Einstein College of Medicine of Yeshiva University, New York, New York.

Corresponding Author:
Steven G. Wallach, MD, 1049 Fifth Ave, Suite 2D, New York, NY 10028, USA.
E-mail: sgwallach@aol.com