

**Table 1. Number of Patients Who Underwent Alar Projection Graft Surgery**

|            | No. of Patients |
|------------|-----------------|
| Primary    | 7               |
| Secondary  | 21              |
| Bilateral  | 12              |
| Unilateral | 16              |

truded skin to hold it in place and also increase the length of the lateral wall of the nose. In the long term, there is less chance of retraction. The only problem is that a hard palpable graft can be felt through the skin, especially in individuals with thin skin. In these cases, perichondrium or AlloDerm (LifeCell Corp., Branchburg, N.J.) can be kept over the graft to overcome this problem. The key element for a good result in these techniques is mild to moderate alar retraction with normal vestibular lining and with minimal to no vestibular lining loss in secondary rhinoplasty.

The advantages of using this graft include the following: it is easy to use, accurate correction can be performed, and it can be used to prevent alar retraction in potential cases of short noses. These grafts are best suited for correcting a limited amount of alar retraction. The extent of correction depends on the availability of skin and vestibular lining to accommodate grafts. However, this technique is not suitable in the following conditions: significant vestibular lining loss caused by previous rhinoplasty, patients with vestibular scar, and patients who have no residual lower lateral cartilage remnant with alar collapse.

The alar projection graft is an excellent choice for correction of alar retraction. It gives an excellent result, with the greatest accuracy and patient satisfaction. The authors used the alar projection graft in 28 patients with very good results, and most patients were satisfied with their result (Fig. 2 and Table 1).

DOI: 10.1097/PRS.0b013e318255009e

**Dong-Hak Jung, M.D., Ph.D.**

**Dinesh Valse, M.B.B.S.**

**Geun-Uck Chang, M.D.**

**Ian Loh, M.D.**

**Kwang Min Park, M.D.**

Shimmian Rhinoplasty Clinic  
Seoul, South Korea

Correspondence to Dr. Valse  
Shimmian Rhinoplasty Clinic  
6F, Seocho Hyundai Tower 1319-13  
Seocho-Dong, Seocho-Gu  
Seoul, South Korea  
dvalse.shimmian@gmail.com

**DISCLOSURE**

*The authors have no financial interest to declare in relation to the content of this article.*

**PATIENT CONSENT**

*The patient provided written consent for use of her images.*

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**Religious Practices and Rhinoplasty in Iran**

**Sir:**

**M**edically unnecessary operations such as plastic surgery are increasing and are being performed on patients of every sex, race, lifestyle, and religion. Although it may seem that there is little opposition to cosmetic surgery in today’s world, several religions, including Islam, have precepts that oppose the use of surgery for purely cosmetic reasons, as individuals should be content with the way God created them.<sup>1</sup> In addition, studies clearly show that many patients consider religion to be very important and are interested in integrating their religious beliefs

**Table 1. Association of Various Educational, Economic, Social, and Religious Factors with the Desire to Undergo Cosmetic Rhinoplasty**

| Factors                    | No. of Cases | No. of Controls | <i>p</i> * |
|----------------------------|--------------|-----------------|------------|
| Education                  |              |                 | 0.187      |
| Low                        | 8            | 6               |            |
| Moderate                   | 34           | 38              |            |
| High                       | 12           | 10              |            |
| Income                     |              |                 | 0.424      |
| Low                        | 9            | 10              |            |
| Moderate                   | 41           | 39              |            |
| High                       | 4            | 5               |            |
| Fasting and praying        |              |                 | 0.029      |
| Required                   | 27           | 32              |            |
| Important but not required | 11           | 14              |            |
| Do not care                | 16           | 9               |            |
| Veil wearing               |              |                 | 0.027      |
| Complete                   | 14           | 20              |            |
| Incomplete                 | 24           | 28              |            |
| Not practiced              | 16           | 6               |            |
| Outdoor activity           | 28           | 25              | 0.143      |
| Indoor activity            | 26           | 29              | 0.528      |
| Media influence            |              |                 | 0.246      |
| Low                        | 40           | 42              |            |
| High                       | 14           | 12              |            |

\*Analysis of variance and analysis of covariance were performed to compare the groups. The correlations between variables were examined using the Pearson correlation. A value of *p* < 0.05 was deemed to be significant.

into their health care.<sup>2</sup> In this prospective study, conducted at a university and in private practice settings in Tehran and Mashhad, Iran, we examined the influence of religious practices on the desire to undergo rhinoplasty.

The study consisted of 54 rhinoplasty candidates and 54 control subjects of a total of 215 patients who were evaluated for inclusion in the study. To decrease any bias attributable to surgical indication, we limited the criteria for selection into the study to those people in whom the indication for rhinoplasty was moderate. The two study groups were matched for age and sex. Each participant completed a questionnaire regarding their income, education, and religious practices (including fasting, praying, and wearing the veil) and some of the other probable factors that might motivate someone toward cosmetic surgery (e.g., media exposure and some aspects of personality such as hobbies). The majority of the rhinoplasty patients (84.3 percent) were young female patients. The economic status, educational status, media exposure, and hobbies of the two groups were not significantly different. However, in terms of religious practices, as measured by veil-wearing, fasting, and praying, women who opted to be fully veiled had a lower tendency to want to undergo rhinoplasty compared with those who preferred to be less veiled. Similarly, those who expressed a greater tendency to pray and fast had a significantly lower desire to undergo rhinoplasty (Table 1).

Our findings suggest that there is a role for Islamic religious belief regarding body satisfaction that also affects the desire to undergo rhinoplasty. Such a relationship between veil wearing and body satisfaction has previously been shown by Rastmanesh and colleagues,<sup>3</sup> and the effect of some religious practices on body image has been described in several other studies.<sup>4,5</sup> In this communication, we confirm those findings by showing that observing Islamic veil practices is associated with a decreased desire for rhinoplasty. In their study, Rastmanesh and colleagues<sup>3</sup> concluded that it is possible that women who observed stricter veiling practices might have had decreased psychopathology and decreased levels of media exposure, which could affect the conclusion. In this study, the two study groups were comparable with regard to their income, educational level, hobbies, and media exposure, leaving only the differences in religious practices to account for the differences in desire to undergo rhinoplasty. Thus, it seems religion, at least with regard to the practices of praying, fasting, and wearing the veil, plays a role in deterring women from wanting to undergo rhinoplasty. DOI: 10.1097/PRS.0b013e318255008b

**Amir Arvin Sazgar, M.D.**

**Mohammad Sadeghi, M.D.**

Otorhinolaryngology Research Center  
Tehran University of Medical Sciences  
Imam Khomeini Educational Complex  
Valiasr Hospital  
Tehran, Iran

**Mehdi Bakhshae, M.D.**

Ear, Nose, and Throat Research Center  
Emmam Reza Hospital  
Faculty of Medicine  
Mashhad University of Medical Sciences  
Mashhad, Iran

**Shokoufeh Darbandi, M.Sc.**

Department of Mathematics  
Shahr-e-Qods Branch  
Islamic Azad University  
Tehran, Iran

**Amin Amali, M.D.**

Otorhinolaryngology Research Center  
Tehran University of Medical Sciences  
Imam Khomeini Educational Complex  
Valiasr Hospital  
Tehran, Iran

**Mona Haydar Ali, M.D.**

Electrocardiology Research Center  
Rajayee Hospital, and  
Rhinology Research Society  
Tehran, Iran

Correspondence to Dr. Bakhshae  
Ear, Nose, and Throat Research Center  
Emmam Reza Hospital  
Faculty of Medicine  
Mashhad University of Medical Sciences  
Mashhad, Iran  
mehbakhsh@yahoo.com

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## Training Rhinoseptoplasty, Sinusectomy, and Turbinectomy in an Animal Model

*Sir:*

**S**urgery in the nose, turbinates, or sinus represents a large series of challenges to the otolaryngologist, head and neck surgeon, or plastic surgeon. Different from other operations, a single millimeter can be the difference between perfection and an undesired result, which can occur even in expert hands. The nose presents extras challenges because both functional the aesthetic problems must constantly be addressed, and the healing process can distort the achieved perfect surgical result.<sup>1–4</sup> Skill with these operations requires a long learning curve, which can sometimes cause, especially for the apprentice, problematic results. Traditionally, rhinoplasty performed