

A Case of Tessier Cleft 1 Presenting as Isolated Coloboma of Nose

Utpal Bordoloi

Associate Professor, Department of Plastic Surgery, Assam Medical College, Dibrugarh, Assam, India

Corresponding Author: Dr. Utpal Bordoloi, Department of Plastic Surgery, Assam Medical College, Dibrugarh, Assam, India. E-mail: utpalbordoloi50@gmail.com

Tessier cleft 1 is an extremely rare congenital anomaly. The severity varies from isolated paramedian cleft involving the dome of the nostril¹ to cleft extending upwards (northbound) through the nasal bone into the cranium

as Tessier cleft 13. Failure of fusion of lateral and medial nasal processes of the frontonasal process may be the cause of the anomaly.¹

A 22-year-old male attended with a paramedian cleft in the left side of the nose (Figure 1a and b). The cleft extended upwards to end at the lower end of the nasal bone. The nasal septum was slightly deviated to the left side, and there was a bony hump in the dorsum of the nose. There was no obstruction of the nasal passage. Family history was not suggestive. Radiological investigations did not show any bony involvement.

Reconstruction was planned under local anesthesia after routine hematological investigations. A composite mucocutaneous lateral alar flap was rotated to form the alar rim.² The defect thus produced was covered with a transposition flap raised from the dorsum of the nose.² The donor defect produced by the transposition flap was



Figure 1: (a and b) Clinical photograph showing the left sided paramedian cleft involving nasal ala



Figure 2: (a, b, and c) Post-operative clinical photograph after repair of the nasal cleft

Points to Ponder

- 1) Tessier cleft 1, a very rare congenital anomaly, presents with varying degree of severity from isolated coloboma of the nasal ala to cleft extending upwards (north bound) through the nasal bone into the cranium as Tessier cleft 13.
- 2) Though severe forms are maybe challenging for the reconstructive surgeons, surgical reconstructions involving simpler innovative procedures^{2,3} may give satisfactory results in less severe cases.

closed directly after trimming off the dorsal bony hump (Figure 2a-c). The post-operative period was uneventful, and the aesthetic result was satisfactory.

REFERENCES

1. Agrawal K, Panda KN, Prasad S. Isolated Tessier no 1 cleft of the nose. *Ann Plast Surg* 1998;41:311-3.
2. Rashid M, Islam MZ, Tamimy MS, Haq EU, Aman S, Aslam A. Rotation-transposition correction of nasal deformity in Tessier number 1 and 2 clefts. *Cleft Palate Craniofac J* 2009;46:674-80.
3. Jhamb A, Mohanty S. A chronicle of Tessier no 0 and 1 facial cleft and its surgical management. *J Maxillofac Oral Surg* 2009;8:178-80.

How to cite this article: Bordoloi U. A Case of Tessier Cleft 1 Presenting as Isolated Coloboma of Nose. *Int J Sci Stud* 2014;2(5):131-132.

Source of Support: Nil, **Conflict of Interest:** None declared.