



제 56차 대한악안면성형재건외과학회 종합학술대회 및 정기총회



The 56th Congress of the Korean Association of
Maxillofacial Plastic and Reconstructive Surgeons
November 3(Fri) – 4(Sat), 2017 | Global Convention Plaza, Seoul

Educational Lecture



Dr. Dong Hak Jung

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-Specialty

Rhinoplasty (facial plasty and reconstructive surgery of otolaryngology)

- More than 25,000 Cases

-Competence

Can speak Korean (native), Japanese (advance), English (advance), Chinese (advance)

-Credentials

Medical license, Seoul Korea, 1990

Member, Korean Board of Otolaryngology

Member, Korean Rhinology

Member, American Academy of Facial Plasty and Reconstructive Surgery

Member, International Academy of Cosmetic Surgery

Editor, Journal of Chinese Plastic Surgery

-Education

M.D. Medicine

Yonsei Wonju University medical college 1990

Master degree in Rhinology

Yonsei University 1996

PhD. In Rhinology

Dissertation title ; Anatomic Structures of External the Nose

Inha University 2000

-Experience

Position Held

Visiting Professor of Yonsei University

Visiting Professor of Inha University

President of ASACS (Asian Society of Asian Cosmetic Surgery)

Director of Shimmian Rhinoplasty Clinic

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Correction of the crooked nose

Dong-Hak Jung, MD, Ph.D
Shimmian Rhinoplasty Clinic, Seoul, Korea

Along with the industrial development deviated noses are gradually increasing due to industrial or traffic accidents. 60% percent of the male patients treated in our clinic asked for deviated nose assistance.

Septorhinoplasty consists of two meanings: fixation of functional problem such as nasal blockage and improvement of the exterior feature in terms of beauty.

A complete septoplasty is indispensable and medial and lateral osteotomies should come together to fix a deviated nose.

If there is no complete septoplasty, there is no complete correction of deviated nose.

In order to correct deviated septum, just hatching incision is not enough.

Sometimes whole septal reconstruction is needed.

Osteotomies are relatively simple procedures. But because of bleeding and worried about eyeball injury, many doctors are afraid to give that procedures. Lateral oetotomies are started from inferior turbinate attaching portion. Then following nasomaxillary groove, finally lateral osteotomies should meet medial osteotomies at the nasion.

Also, in case of Asians, their nasal bone sizes vary, but most of them are not big enough which leads to septorhinoplasty along with augmentation rhinoplasty.

Sometimes, hump nose comes together which makes reduction rhinoplasty in need.