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From Ancient Rituals to Modern Rhinoplasty: A Historical Evolution of Nasal Reconstruction

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Abstract

Background and aims: As surgical practices continue to evolve, the origins of these techniques and their respective indications are often lost over time, while in other cases they remain fundamental to modern utility. Rhinoplasty is a prime example of an operative intervention that has been heavily influenced by cultural beauty standards throughout different eras and civilizations to improve both aesthetics and functionality. By recognizing the historical context and evolution of this procedure, its modern-day application that integrates both form and function is better understood. This study aims to delineate the development of rhinoplasty from its genesis onward and demonstrate how the influences of different civilizations, eras, and cultural beliefs have shaped what the rhinoplasty is today.

Methods: We performed a narrative review of various articles pertaining to ancient and modern contributions to the rhinoplasty. Articles were selected based on relevance and significance to the evolution of the procedure in a given era, highlighting pioneers and revolutionaries in the field. MESH terms, including but not limited to, “ancient rhinoplasty,” “evolution of the rhinoplasty”, and “modern-day rhinoplasty” were searched on PubMed, Google Scholar, and other major literature databases. Key sources included medical journals, historical texts, and surgical reports, supplemented by systematic reviews of existing literature.

Results: Twenty-three sources were taken into consideration and categorized based on time periods. Their notable contributions, surgical innovations, and clinical impacts were expanded upon.

Our analysis also explores the cultural implications of rhinoplasty and influential beauty standards across history, and how these have carried over to the present day. In a similar fashion, technical procedures were critiqued on whether they have withstood the test of time and their responsiveness to the aesthetic status quo. Finally, our analysis shows how the varied historical indications for rhinoplasty, whether functional or cosmetic, have persisted into modern practice.

Conclusions: The historical evolution of rhinoplasty reveals more than mere advancements in surgical technique, as it reflects broader cultural values that influence its utilization. By examining its history, we gain valuable insight into how ancient practices have progressed through the middle ages, renaissance, and early modern period, continuing to shape the field of plastic surgery in the present day.

Background

Throughout human history, the pursuit of beauty has shaped cultural and medical advancements. Among these, the evolution of nasal surgery, or rhinoplasty, stands out as a procedure that reflects both aesthetic and functional concerns as the nose plays a pivotal role in defining facial symmetry and individual identity.[1,2] The French anthropologist Bertillon states that the nose is the organ that, more than any other in man, gives the face its peculiar character.[3] According to the latest annual statistics from the American Society of Plastic Surgeons, more than 350,000 cosmetic nasal surgery procedures were performed.[4] In 2021, a global survey by the International Society of Aesthetic Plastic Surgeons deemed rhinoplasty as being of one of top five surgical procedures worldwide.[5] However, the operative methods and clinical indications for rhinoplasty have changed drastically since its inception, from ancient Egyptian attempts to treat nasal fracture to the modern-day cosmetic procedure. In a symbiotic manner, historical and cultural beauty standards have significantly influenced nasal reconstructive technique to reflect aesthetic ideals.[6] Major historical events, such as world wars, have also served as catalysts in revolutionizing operative techniques of rhinoplasty.[7] This paper traces the development of rhinoplasty across civilizations and eras, exemplifying how cultural beliefs and medical innovations have influenced its practice. Understanding the historical context of nasal surgery reveals important insights into its modern applications, where functional and cosmetic goals intersect.

Methodology

This historical narrative review followed PRISMA guidelines for article selection, focusing on both ancient and modern contributions to nasal reconstruction. MeSH terms such as “evolution of rhinoplasty,” “ancient rhinoplasty,” and “modern-day rhinoplasty” among others were searched on various search engines like PubMed and Google Scholar. Articles discussing rhinoplasty in different civilizations were selected based on relevance and significance to the field’s evolution. Key sources included medical journals, historical texts, and surgical reports, supplemented by systematic reviews of existing literature.[8]

Selected articles were categorized by time period, highlighting significant contributions to rhinoplasty techniques and their pioneering inventors. The impact of beauty standards, cultural significance of the nose, and rhinoplasty’s impact on different civilizations were also assessed. Lastly, the review examines

how this mutualistic relationship manifests in current procedural techniques and indications for rhinoplasty. The intricate interplay between the changing beauty standards, cultural ideologies, and feasible surgical applications are taken into consideration to provide a holistic review perspective on the evolution of rhinoplasty over time.

Results

The history of rhinoplasty could be classified into four major chronological eras, each contributing or revolutionizing different aspects. Notably, rhinoplasty has evolved from primarily functional to also achieving aesthetic goals, though the functional objective has always included aesthetic considerations. The four major influential eras—**Ancient Era, Medieval and Renaissance Era, Pre-Modern Era, and Modern Era**—are denoted in Table 1 along with noteworthy contributors to nasal reconstructive techniques and cultural implications.

Ancient Rhinoplasty (Egypt, India, Greece, Rome)

The first documented efforts to remodel nasal structures can be traced back to 1500 BCE in ancient Egypt in the medical text known as the Edwin Smith Papyrus. These accounts describe the use of wooden splints, swabs, and other prosthetics to advise doctors to manipulate the nose into the desired position. These early Egyptian practices, though rudimentary, emphasized the will to restore form and function to a damaged nose.[9] While the Egyptians were known to have a high regard for beauty, evidenced by their use of makeup to accentuate their physical attributes, they were not yet willing to go "under the rustic and unpolished copper knife."[10] Without effective anesthetics, an understanding of germ theory, or the use of antiseptics, surgery was incredibly painful and dangerous. At this time, no one would have even considered facing a likely death for beauty.[9] Nonetheless, the power attributed to this cartilaginous structure in ancient times is undeniable, as an Egyptian priest considered a large nose to be a sign of wisdom. These perceptions could be argued to be the first implications of the importance of aesthetics in society, even though those perceptions have changed with societal evolution.[3]

While these ancient Egyptian archives marked some of the earliest documented methods for treating nasal fractures, representing one of the first known approaches to reconstructive nasal surgery, whether these maneuvers can be considered the first manifestation of "plastic surgery" is a matter of historical debate.[9] Some historians attribute the first description of proper surgical reconstruction dating back to 800 BCE India (800 BCE). During this time, the foundational techniques of rhinoplasty were truly advanced by the Indian physician Sushruta, known as the father of plastic surgery.[11] In his reports, he outlines a skin graft method designed to restore dignity and status for those punished with nasal amputation for crimes such as adultery. By harvesting skin from the cheek or forehead and leaving it partially attached to maintain blood flow, Sushruta laid the groundwork for modern grafting techniques, still seen today in bilobed flap and paramedian forehead flap.[11] Straws were positioned to recreate the nostrils, while honey—a common antimicrobial agent—and other herbs or oils were applied to make surgical intervention feasible. The use of these procedures to combat the effects of the brutal caste system of the time underscores the high value placed on appearance in this society.[11]

The migration of these techniques to Ancient Greece and Rome signified a broader acceptance of reconstructive surgery, as evidenced by the archives of Aulus Cornelius Celsus archives in 47 BCE. By this time, the notion of repairing the nose for both medical and aesthetic reasons had permeated Western medicine, with nasal surgeries often performed to improve the overall balance of the face, as described in Greek philosophical texts that equated facial symmetry with beauty and moral virtue.[12] Notably, this time period marked the genesis of the term "plastic" surgery derived from the Greek word *plastikos*, meaning the art of modeling or sculpting. Celsus published a medical encyclopedia detailing a rhinoplasty procedure identical to the technique performed by Sushruta.[12, 13] His work helped to publicize this ancient knowledge and contributed to the more complex reconstructions performed at the time.[12]

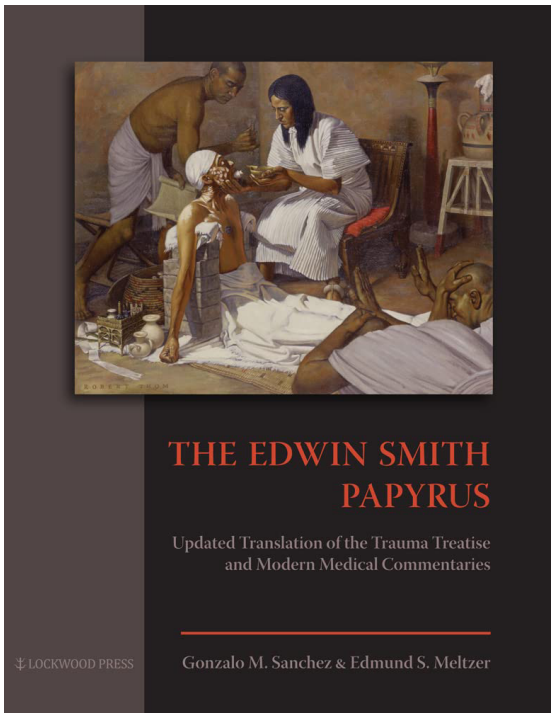

Figure 1. Cover of *The Edwin Smith Papyrus: Updated Translation of the Trauma Treatise and Modern Medical Commentaries* by Gonzalo M. Sanchez and Edmund S. Meltzer. The cover art depicts an ancient Egyptian scene of medical treatment, reflecting the trauma-focused content of the Edwin Smith Papyrus, one of the earliest known medical documents. The text provides an updated translation of the papyrus, offering insight into ancient surgical practices and their relevance to modern medicine.

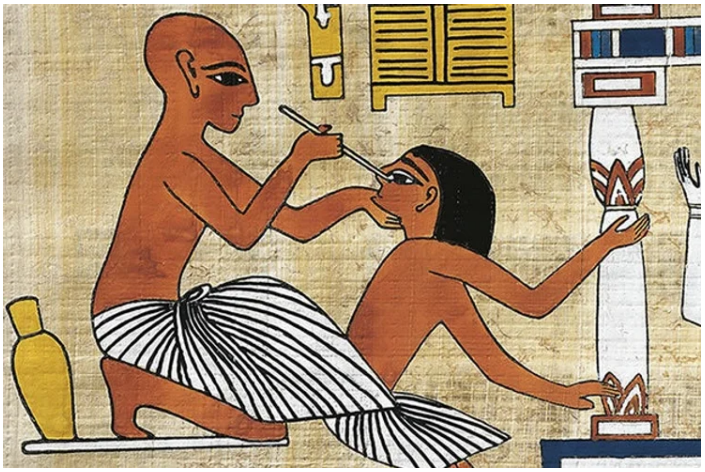

Figure 2. Artistic representation of Aulus Cornelius Celsus performing a repair to defects in the nose, lips, and ears using local tissue. Celsus's work contributed to early developments in reconstructive surgery. From Eden Derma Clinic (n.d.).

Medieval and Renaissance Rhinoplasty

The Middle Ages (500–1500 CE) saw a stagnation in medical advancements in Europe due to the strong influence of the church, which disapproved of human dissection and surgery.[14] However, this did not prevent the preservation and further development of rhinoplasty techniques in the Islamic world, where scholars such as Avicenna, a Persian physician, translated and expanded upon the works of Sushruta and Celsus.[14] These texts later made their way back to Europe during the Renaissance (1400s–1600s), a period marked by significant medical and surgical revival.

Due to the growing popularity of dueling, there was great demand for reconstruction of the nose. The nose was often a target in a duel because mutilation of the most extruding parts of the face led to severe impairment, not only of the body, but also of the individual's personality, publicly portraying defeat.[15] Italian surgeons, such as Gustavo and Antonio Branca, capitalized on the principles of cheek grafting that originated in India and were later refined and popularized by Gaspare Tagliacozzi in the 16th century. The technique involved using a pedicled skin flap from the arm to reconstruct the nose, allowing for neovascularization of the recipient site. Once healed, the flap was detached and contoured to complete the reconstruction.[15] Gaspare Tagliacozzi, often considered the father of modern plastic surgery, expanded on the initial work of the Branca family and is credited with perfecting the pedicled flap technique. His pioneering work in the 1500s laid the groundwork for later advancements in rhinoplasty, despite his excommunication from the church due to his surgical practices.[16]

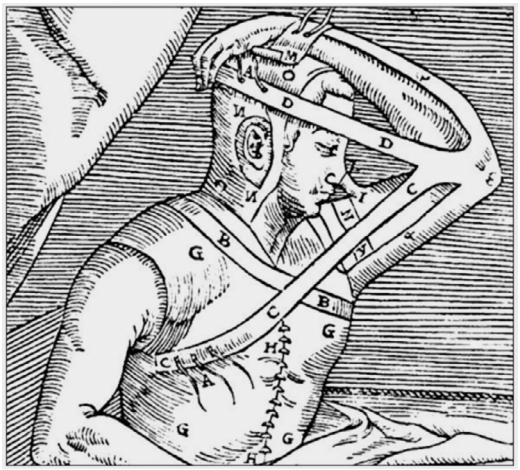

Figure 3. (Left) An illustration depicting the arm flap technique for nasal reconstruction, which was initially developed by the Branca family in the 15th century and later refined and popularized by Gaspare Tagliacozzi in the 16th century. The technique involved using a pedicled skin flap from the arm to reconstruct the nose, allowing for neovascularization. (Right) The logo of the American Association of Plastic Surgeons honors this historical procedure in its design.

19th and 20th Century Rhinoplasty

In the 19th century, rhinoplasty made its way to Europe through British military physicians stationed in India, who were impressed by the techniques they witnessed. Joseph Constantine Carpue played a pivotal role in reintroducing these methods to Western medicine. In 1815, he performed the first recorded rhinoplasty in Europe on a British officer suffering from syphilis-induced nasal deformities.[17] The sexually transmitted bacterial infection was a large public health issue from the 1500s up until the

1920s when penicillin was discovered. One of the most devastating side effects of late-stage syphilis infection was tissue necrosis. Saddle-nose, a hallmark of syphilis infection, was characterized by rotting cartilage and the caving in of the bridge of the nose.[18] These disfigurations carried the added stigma of a disease known to be contracted through sex. Plastic and reconstructive surgery became pivotal and was largely sought after for its aesthetic improvement from syphilis-induced nasal necrosis.[18]

World War I, coupled with the new technology provided by the Industrial Revolution, also became a catalyst for surgical innovation. Chemical burns from mustard gas and wounds from machine gun bullets left many young soldiers severely disfigured. Their ability to eat, breathe, and speak was hindered and their employment and social prospects were diminished. Facial injuries sustained by soldiers on the battlefield led to a pressing need for reconstructive surgery. Harold Gillies, widely regarded as one of the most important figures in modern plastic surgery, treated many of these soldiers and founded Britain's first plastic surgery unit. He developed cutting-edge techniques involving inlay and only skin grafting, tube pedicles, local flaps, and bone grafts to reconstruct the noses, jaws, and other facial features of wounded soldiers. His contributions are attributed to establishing plastic surgery as a distinct medical specialty, and many of his techniques are still in use today.[19]

Figure 4. A series of photographs showing World War I soldiers who sustained severe facial injuries, often referred to as "The Broken Faces." These images depict the disfigurement caused by shrapnel, bullets, and other wartime trauma, followed by stages of surgical reconstruction. Plastic surgeon Sir Harold Gillies pioneered modern reconstructive surgery techniques, including skin grafting, to restore facial features and functionality to these soldiers. These procedures laid the foundation for modern plastic and reconstructive surgery. From Zhang, M. (2022, June 9). Photos showcase pioneering plastic surgeon's work on WW1 soldiers. PetaPixel.

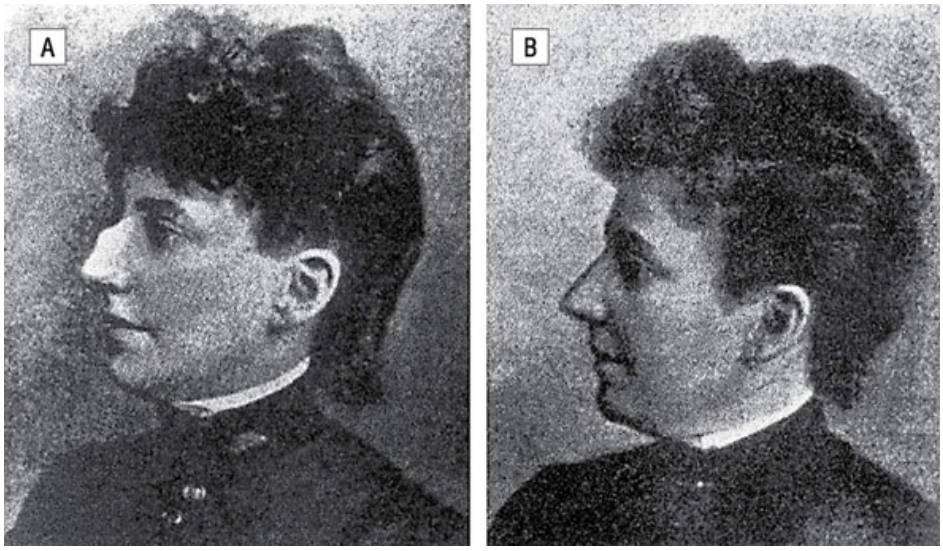

Figure 5. Before (A) and after (B) images of one of the first documented rhinoplasty patients, performed by Dr. John Orlando Roe in the late 19th century. Roe is credited with pioneering aesthetic rhinoplasty, focusing on the psychological well-being of patients suffering from nasal deformities. His techniques emphasized internal incisions to avoid visible scarring, a significant advancement in cosmetic surgery at the time. These photos represent an early example of modern rhinoplasty aimed at improving both appearance and self-esteem. From Lam, S. M. (2002). John Orlando Roe: Father of aesthetic rhinoplasty. Archives of Facial Plastic Surgery, 4(2), 122-123. DOI: 10.1001/archfaci.4.2.122.

Modern Rhinoplasty

In 1845, German surgeon Johann Friedrich Dieffenbach wrote a comprehensive text on rhinoplasty titled *Operative Chirurgie*, in which he introduced the concept of surgery to improve the appearance of the nose beyond repairing damage. The concept of subsequent operations to improve the cosmetic appearance of the reconstructed nose was born. Dieffenbach performed the first aesthetic surgical operation to correct overly large or crooked noses via external incisions in the skin and fracturing the nasal bones.[20]

In the mid-to-late 20th century, the purpose of rhinoplasty shifted greatly from reconstructive to cosmetic, as technological advancements made surgery safer and more accessible. Rhinoplasties were increasingly performed to re-contour intact, functional noses, rather than to reconstruct disfigured and missing noses. John Orlando Roe, an American otolaryngologist, documented what is considered to be the first modern rhinoplasty on a patient who suffered emotional distress due to the appearance of his “pug nose.” He also made significant strides in aesthetic rhinoplasty by performing closed procedures to avoid external scarring.[21]

Shortly thereafter, and presumably without being aware of Roe’s reports, the reputable German-Jewish surgeon Jacques Joseph published a case where he simultaneously corrected a protruding hump along with the anterior septum intranasally on a man who pleaded for surgery from the embarrassment of being seen in public with his large nose.[21,22] Joseph’s numerous and meticulous publications of the corrective, reconstruction and aesthetic aspects of rhinoplasty won him the title of “father of modern aesthetic surgery”, even though it is contested that Roe is the “true father of aesthetic rhinoplasty”. Irrespective of the debates regarding their academic recognitions, it is indisputable that both greatly revolutionized the surgical techniques of the rhinoplasty prompted by the psychological distress experienced by their patients at the time. Whether intentional or not, their

innovative surgical approaches paved the way for the aesthetic focus of rhinoplasty that dominates the field today.[21]

Figure 6. A historical advertisement promoting a non-surgical nasal correction device called the "Trados Nose-Shaper" from the early 20th century. The device claims to reshape "ill-shaped" noses without surgery by applying external pressure. The ad appeals to the growing societal emphasis on physical appearance, offering "before" and "after" illustrations to suggest a transformation in nasal profile, reflecting the early rise of cosmetic interventions for aesthetic enhancement.

21st century

Rhinoplasty has continued to evolve in the 21st century, being valued for both its functional outcomes and aesthetic results, with patients seeking to refine their noses to align with changing beauty standards. With the advent of social media dominating beauty standards, surgical nuances of how rhinoplasty is performed are increasingly catered to patient expectations. Moreover, advances in medical technology, including the use of digital imaging and 3D modeling, enable precise planning and predictable execution of rhinoplasty procedures. Rhinoplasty remains one of the most popular cosmetic surgeries worldwide, with South Korea leading the field in both procedure numbers and innovative techniques.[23]

Aesthetic Ideals Steering Rhinoplasty in the 21st Century

In the past, rhinoplasty was often driven by medical necessity or reconstruction due to trauma or disease. However, in the modern era, aesthetic desires have largely taken the lead. Today's patients approach to the surgeon with clear visions of the ideal nose, heavily influenced by social media trends, celebrity aesthetics, and cultural beauty standards. This trend is particularly evident in the increased demand for slimmer, more refined nasal shapes, particularly among female patients.

For women, the aesthetic preference is often for a slimmer nose with sloped angles and a higher nasal tip. The ideal nose is often described as delicate and feminine, with softer lines that complement the overall facial structure. Surgeons have perfected techniques to create subtle yet significant changes, such as reducing the width of the nose, refining the nasal bridge, and elevating the nasal tip to achieve these desired results. In contrast, the ideal male nose is typically left broader and straighter to align

with traditional masculine features, demonstrating how gendered beauty ideals guide surgical choices. One of the most sought-after innovations in rhinoplasty is the closed rhinoplasty technique. In this procedure, all incisions are made inside the nostrils, leaving no visible scars. This technique has become increasingly popular because it allows for minimal disruption of the nasal tissue, faster healing times, and less postoperative swelling while still allowing for precise manipulation of nasal cartilage and bone. The emphasis on a "natural" yet enhanced appearance has fueled the growth of this technique, as patients seek aesthetic improvement without obvious signs of surgical intervention.

Digital Imaging and 3D Modeling: Precision in Aesthetic Rhinoplasty

Beyond surgical technique, technology has further revolutionized rhinoplasty, allowing surgeons to better meet the high aesthetic expectations of their patients. Digital imaging and 3D modeling enable both the surgeon and patient to visualize the desired outcomes before surgery, creating a bridge between patient expectations and surgical feasibility. Through these tools, surgeons can make adjustments in real-time, simulating changes in nasal structure, such as the height of the tip or the angle of the nose, ensuring that the final result is as close as possible to the patient's aesthetic vision.

These innovations underscore how rhinoplasty today is no longer limited by the surgeon's technical capabilities but is instead guided by aesthetic desires. Where once the surgeon's skill defined what was possible, now, aesthetic standards largely dictate the outcome. Patients often arrive with photographs, seeking to mimic the nasal characteristics of celebrities or social media influencers. The role of the surgeon has shifted from creating functional solutions to becoming an artisan, molding the nose to fit ever-changing and highly individualized definitions of beauty.

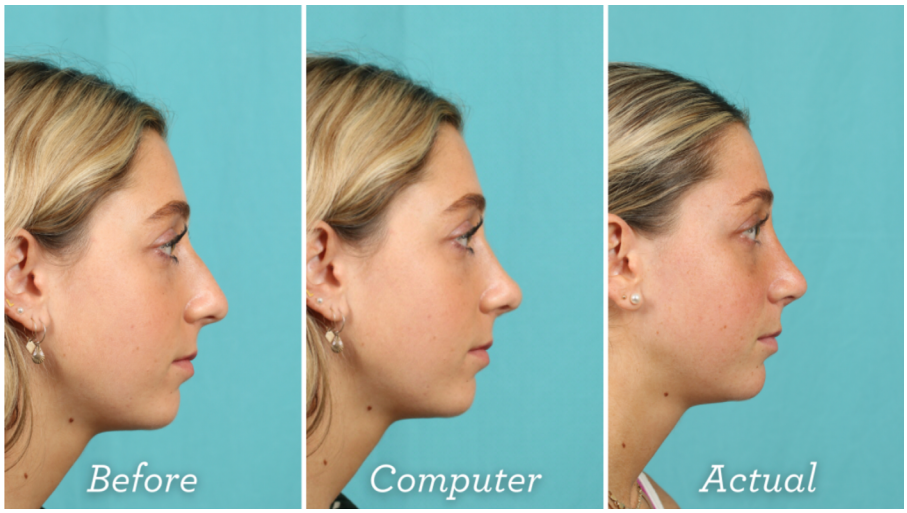

Figure 7. Before, simulated (Computer), and actual post-surgery results of a rhinoplasty using digital imaging technology. The "Computer" image represents the projected outcome based on pre-surgical simulations, while the "Actual" image shows the final result after the procedure. This illustrates the precision and predictability of modern rhinoplasty techniques in meeting aesthetic expectations. Image adapted from Primera Plastic Surgery (n.d.).

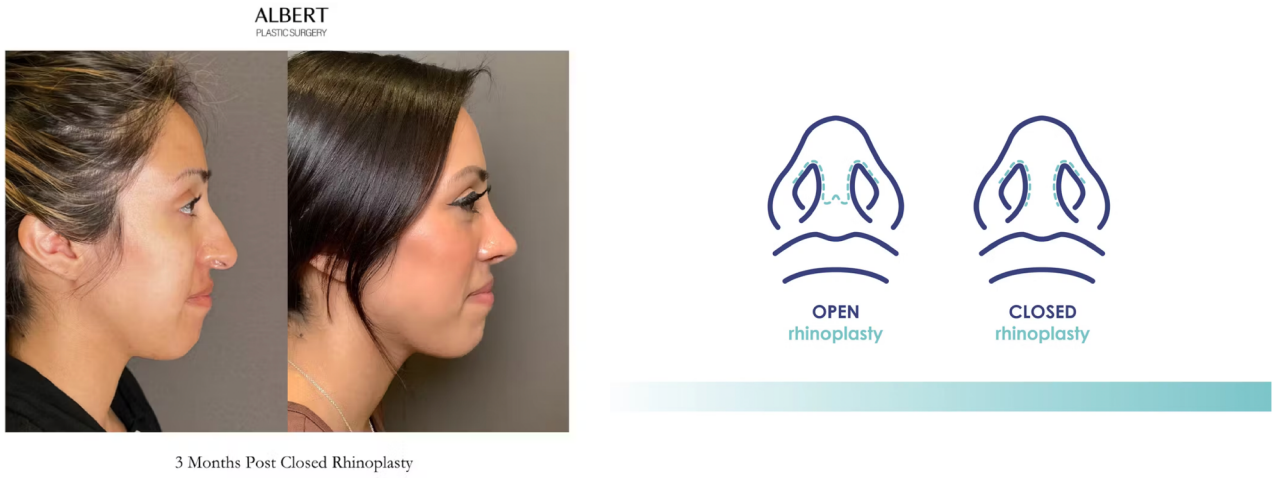

Figure 8. Closed rhinoplasty technique. The diagrams illustrate the difference between open and closed rhinoplasty procedures. Closed rhinoplasty, shown on the right, involves incisions made inside the nostrils, leaving no visible external scars. This minimally invasive technique allows for faster recovery and less postoperative swelling compared to open rhinoplasty, depicted on the left, which involves an external incision across the columella. The before-and-after photos on the right demonstrate the aesthetic results three months after a closed rhinoplasty, where significant refinement of the nasal profile is achieved with no visible scarring. From Albert Plastic Surgery (n.d.)

Table 1. Historical development of rhinoplasty

Time period	Regions	Key figures	Cultural significance
Ancient Era			
1500 BCE	Egypt	Edwin Smith Papyrus	Early nasal fracture treatments.
800 BCE	India	Sushruta	Adultery led to nasal amputation. Restored dignity and status with skin grafts (i.e. bilobed and paramedian forehead flap).
47 BCE	Greece and Rome	Aulus Cornelius Celsus	Functional and aesthetic to improve overall balance of face. Beauty and moral virtue.
Medieval and Renaissance (500 -1500 CE)			Nose was a target in dueling.
1400-1600 CE	Islamic world	Avicenna	Preservation and further development of techniques in the Islamic world, expanded on the works of Sushruta and Celsus.
Renaissance (1400 CE)	Italy	Gustavo and Antonio Branca	Credited with the earlier development of nasal reconstruction techniques in the 15th century, using the “cheek graft” method.

Renaissance (1500 CE)	Italy	Tagliacozzi	Development of flapbased techniques. “The Italian method” partially attaching the arm to the nose to promote neovascularization.
19th and 20th Century			
19th Century (1815)	Britain	Joseph Constantine Carpue	First Rhinoplasty in Europe for syphilis-induced nasal deformity (saddle-nose). Reintroduced method to Western Medicine.
20th Century (WWI (1916) / Industrial Revolution)	Britain	Harold Gillies	Reconstructive surgery post-WWI due to chemical burns, mustard gas, shrapnel, bullets, and other wartime trauma. Known as Father of “Modern Plastic Surgery.”
Modern Rhinoplasty			
19th Century (1845)	Germany	Johann Friedrich Dieffenbach	*Operative Chirurgie* introduced surgery as a way to improve the appearance of the nose beyond repairing damage. Performed the first aesthetic surgical operation to correct overly large, crooked noses.
20th Century (Mid-Late)	USA	John Orlando Roe	Documented the first modern rhinoplasty on a patient who suffered emotional distress from the appearance of his “pug nose.” Made significant strides in aesthetic rhinoplasty by performing closed procedures to avoid external scarring. Known as “True Father of Aesthetic Rhinoplasty.”
20th Century (Mid-Late)	Germany	Jacques Joseph	Numerous and meticulous publications of the corrective, reconstruction and aesthetic aspects of rhinoplasty. Earned and contested as “Father of Modern Aesthetic Surgery.”

Discussion

The evolution of rhinoplasty is more than just a series of technical advancements; it mirrors broader cultural, societal, and aesthetic shifts throughout history. While rhinoplasty was initially developed to restore function and repair deformities, it has always been deeply intertwined with cultural perceptions of beauty, honor, and identity. In ancient India and Egypt, nasal reconstruction emerged as a direct response to societal views on dignity, punishment, and honor. The nose, symbolizing social status and respect, necessitated medical solutions when disfigurement threatened one's place in society. In medieval Europe, despite religious prohibitions on surgical practices, Italian surgeons advanced the field of nasal reconstruction due to mounting pressures from those suffering from overt nasal injuries, often the result of duels. These early advancements were crucial for both reconstructive and aesthetic purposes, setting the stage for further innovations. The techniques introduced by Gustavo and Antonio Branca and later perfected by Gaspare Tagliacozzi defied institutional resistance and laid the groundwork for modern surgical approaches.

By the 19th and 20th centuries, rhinoplasty became indispensable in reconstructive efforts, particularly in response to the devastating facial injuries of soldiers during World War I. Pioneers such as Harold Gillies introduced modern skin grafting techniques to restore facial features and helped veterans regain both their appearance and their societal roles. The cultural importance of physical appearance, particularly facial symmetry, continued to drive the demand for innovative nasal reconstruction techniques.

In the 21st century, however, the landscape of rhinoplasty has shifted dramatically. Today, rhinoplasty is increasingly driven by aesthetic ideals rather than functional necessities. Influenced by modern beauty standards and social media, patients seek nasal refinement to align with the latest trends, often pursuing slimmer nasal bridges, elevated tips, and more sculpted profiles. Surgical capabilities have advanced to meet these desires, but it is the patients' vision of beauty that sets the standard. Surgeons, equipped with digital imaging and 3D modeling, can now offer precise, customized outcomes that cater to highly specific aesthetic preferences. This shift from functional to aesthetic priorities underscores the evolving role of rhinoplasty in contemporary society.

Historically, the interplay between culture, aesthetics, and surgery has been a constant force driving innovation in rhinoplasty. Ancient practices focused on restoring dignity and function after injury, while modern rhinoplasty often centers on enhancing self-image and fulfilling personal desires. The evolution from reconstructive to cosmetic surgery demonstrates how societal views on beauty, identity, and the self continue to influence the practice of rhinoplasty, with aesthetic ideals now leading the way in shaping the future of nasal surgery.

Conclusion

The history of rhinoplasty offers a profound look into the evolving relationship between medicine, culture, and societal ideals. From its origins in ancient India and Egypt, where nasal reconstruction was rooted in cultural beliefs about honor and punishment, to its modern incarnation as one of the most sought-after cosmetic procedures, rhinoplasty has continually adapted to meet the changing needs and desires of patients. The transition from reconstructive procedures aimed at restoring function to aesthetic enhancements that prioritize beauty reflects broader cultural values surrounding appearance, identity, and status.

What was once a surgery to repair trauma and deformity has now become a key procedure in the pursuit of self-expression and personal aesthetics. Modern rhinoplasty, with its reliance on advanced technology and the guidance of evolving beauty standards, is no longer limited by surgical constraints but instead directed by the desires of patients to achieve their ideal self-image. While modern techniques are deeply informed by ancient practices, they are also shaped by contemporary cultural values, emphasizing the ongoing dialogue between medicine and society.

In examining rhinoplasty's extensive history, it becomes clear that the practice is a testament to the enduring importance of the nose—not just in medical terms, but in shaping identity and social interactions. By understanding the historical foundations of nasal surgery, we gain valuable insight into how past innovations continue to influence the field of modern plastic surgery, ensuring that rhinoplasty remains at the intersection of culture, aesthetics, and medicine for generations to come.

Conflicts of interest

The authors declare no potential conflicts of interest.

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Authors' contributions

Jonathan Deck: Conceptualization, Data Curation, Formal Analysis, Investigation, Methodology, Project Administration, Resources, Supervision, Validation, Visualisation, Writing (Original Draft Preparation).

Bryan Torres, Samantha Morin, and Mia Lauter: Writing (Review & Editing), Investigation, Visualisation, Validation.

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