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ORIGINAL ARTICLE

Rhinoseptoplasty in children☆

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KEYWORDS

Nasal septum deviation;
Child;
Rhinoplasty;
Septoplasty

Abstract

Introduction: Untreated septal and/or nasal pyramid deviation in children should be corrected as soon as possible, because they can result in esthetic or functional problems years later.

Objective: To report the surgical experience in treating children with nasal septum and/or nasal pyramid deviation.

Methods: Review of medical records of 202 children, 124 (61.4%) males and 78 (38.6%) females, between 4 and 16 years of age ($M = 11$ years) who underwent rhinoplasty and/or septoplasty in a Pediatric Otolaryngology Service of the Dept. of Otolaryngology and Head and Neck Surgery between January 1994 and January 2010.

Results: Septoplasty performed in 157 cases (77.7%); rhinoseptoplasty in 23 cases (11.4%), and rhinoplasty in 22 cases (10.9%).

Conclusion: Nasal changes should be corrected in children, in order to provide harmonious growth, and prevent severe sequelae found in mouth breathers.

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PALAVRAS-CHAVE

Desvio de septo nasal;
Criança;
Rinoplastia;
Septoplastia

Rinosseptoplastia em crianças

Resumo

Introdução: Desvio do septo e/ou da pirâmide nasal em crianças, se não tratado, pode apresentar problemas estéticos ou funcionais após anos, devendo ser corrigido o quanto antes.

Objetivo: Relatar experiência cirúrgica no tratamento de crianças com desvio de septo nasal e/ou pirâmide nasal.

Método: Revisão de prontuários de 202 crianças, sendo 124 (61,4%) do gênero masculino e 78 (38,6%) do feminino, com idade entre 4 e 16 anos ($M = 11$ anos); submetidas a rino e/ou septoplastia no período de Janeiro de 1994 a Janeiro de 2010, em um Serviço de Otorrinopediatria do Dep. de ORL e Cirurgia de Cabeça e Pescoço.

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Resultados: Septoplastia realizada em 157 casos (77,7%); rinosseptoplastia em 23 casos (11,4%) e rinoplastia em 22 casos (10,9%).

Conclusão: Alterações nasais devem ser corrigidas em crianças, para proporcionar crescimento harmônico e evitar as graves sequelas encontradas no respirador bucal.

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Introduction

Although septal and/or nasal pyramid deviation occurs in all age groups, it is most commonly diagnosed in young adults. Its prevalence varies according to age groups.^{1,2} Only a minority is diagnosed or treated in childhood, but untreated individuals may later manifest esthetic or functional problems.³

Children with nasal obstruction from any cause may develop serious sequelae and complications related to mouth breathing. The patency of the nasal passages allows proper growth and development of the nasomaxillary complex, and, both congenital and acquired deformities, should be corrected as early as possible. Conservative modifications to the nasal septum and the performance of osteotomies in children do not alter facial growth.⁴ The correction of other obstructions should be performed during the same operation.⁵

Objective

To report a surgical experience in treating children with nasal septal and/or nasal pyramid deviation, and to demystify the concept that the surgical procedures recommended for septal and nasal pyramid corrections should only be indicated after 15 years of age in girls and 18 in boys.

Methods

In accordance with the Regulations of Research on Human Subjects, Resolution 196/96 of the Ministry of Health, the present study was approved by the Research Ethics Committee of the institution under Report No. 001/2012.

A cross-sectional retrospective study was conducted to evaluate the experience of Pediatric Otorhinolaryngology Service of the Department of Otolaryngology and Head and Neck Surgery on the treatment of children with nasal septal and/or nasal pyramid deviation, regardless of the cause or etiology. In the study, we evaluated the medical records of 202 children of both genders who were referred to the Pediatric Otorhinolaryngology Service between January 1994 and January 2010.

For the selection of patient data, we followed the following inclusion criteria: pediatric age range, specific surgical procedure for septal and nasal pyramid deviation correction, either associated or not with other concomitant procedures. Exclusion criteria were the presence of corrected

or unrepaired cleft lip, congenital defects of the midline, such as dermoid cyst, teratoma, encephalocele or nasal gliomas, and age older than 16 years. The following data was collected: gender, age at the time of surgery, type of nasal surgical procedure, associated procedures, outpatient reevaluations and postoperative complications.

Among the 202 medical records of patients evaluated, 124 (61.4%) are males and 78 (38.6%) are females, aged between 4 and 16 years, with the average being 11 years.

Patients also underwent associated procedures, when specifically indicated, in the same surgery, including nasal turbinate surgery through intratubinal cauterization, adeno and/or tonsillectomy, endoscopic nasal surgery and otological microsurgery with placement of ventilation tube.

Results

Table 1 shows the relationship of surgical procedures performed during the study period. Septoplasty was the most prevalent procedure, being carried out in about 78% of cases.

Among the associated procedures, nasal turbinate surgery was the most commonly performed, in approximately 34% of cases, and otological microsurgery with placement of ventilation tube was the one of lowest prevalence (0.5%) (**Table 2**).

Table 1 Distribution of surgical procedures performed.

Surgical procedures	n (%)
Septoplasty	157 (77.7)
Rhinoseptoplasty	23 (11.4)
Rhinoplasty	22 (10.9)
Total	202 (100.0)

Table 2 Distribution of associated surgical procedures.

Associated procedures	n (%)
Nasal conchae surgery	68 (33.7)
Adenoidectomy	29 (14.4)
Tonsillectomy	11 (5.45)
Adenotonsillectomy	4 (2.0)
Endoscopic nasal surgery	1 (0.5)
Otological microsurgery	1 (0.5)
Total	114 (56.4)

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