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ORIGINAL ARTICLE

Difficult septal deviation cases: is it open or closed technique?☆

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KEYWORDS

Nasal septum;
Nasal surgical
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Abstract

Introduction: The aim of this study is to compare the functional aspects of open technique (OTS) and endonasal septoplasty (ENS) in "difficult septal deviation cases".

Methods: 60 patients with severe nasal obstruction from S-shaped deformities, multiple deformities, high deviations etc. were included in the study. The OTS was used in 30 patients and the ENS was performed in 30 patients. The Nasal Obstruction Symptom Evaluation (NOSE) scale was administered preoperatively and at first month following surgery. Patients were also evaluated for pain postoperatively with Visual Analog Scale (VAS).

Results: The mean NOSE score was decreased 62.5–11.0 in the OTS group and 61.3–21.33 in the ENS group. Improvement of the symptoms following the two surgical techniques is similar and no statistically significant difference was found between both techniques. Also there was no statistically significant difference in postoperative pain between the OTS and ENS groups evaluated by VAS.

Conclusion: ENS is as successful as the OTS in management difficult septal deviation cases. In patients with severe septal deformities type of the surgical technique should be selected according to the surgeon's experience and the patient's preference.

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PALAVRAS-CHAVE

Septo nasal;
Procedimentos
cirúrgicos nasais;
Cirurgia endoscópica

Casos difíceis de desvio septal; técnica aberta ou fechada?

Resumo

Introdução: O objetivo deste estudo é comparar os aspectos funcionais da Septoplastia com Técnica Aberta (STA) com a Endonasal (SEN) em "casos difíceis de desvio de septo".

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Método: 60 pacientes com obstrução nasal devido a deformidades em forma de S, múltiplas deformidades, altos desvios etc. foram incluídos no estudo. A STA foi usada em 30 pacientes e a SEN foi realizada em 30 pacientes. A escala de Avaliação do Sintoma de Obstrução Nasal (NOSE) foi administrada no pré-operatório e no primeiro mês após a cirurgia. Os pacientes também foram avaliados com Escala Analógica Visual (EAV) para dor no pós-operatório.

Resultados: O escore médio de NOSE foi reduzido 62,5-11,0 no grupo da STA e 61,3-21,33 no grupo da SEN. A melhora dos sintomas em duas técnicas cirúrgicas é aceita como agradável e não foi encontrada diferença estatisticamente significativa entre as duas técnicas. Também não houve diferença estatisticamente significativa nos graus de dor no pós-operatório que tenha sido avaliada pela VAS entre o grupo de STA e o de SEN.

Conclusão: De acordo com nossos dados, a SEN é tão bem-sucedida quanto a STA no tratamento de casos difíceis de desvio de septo. Em pacientes com deformidades septais graves o tipo de técnica cirúrgica deve ser escolhido de acordo com a experiência do cirurgião e a preferência do paciente.

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Introduction

Septoplasty is a common procedure in daily ear nose and throat practice. Various methods of surgical treatment are defined in nasal deformities that cause nasal obstruction: endoscopic septoplasty for posterior nasal obstruction, Cottle's septoplasty for septum's luxation and deviation on the premaxilla area, septoplasty with spreader grafts for dorsum cartilage deviations, extracorporeal septoplasty with a new septum cartilage frame for the complex deviations.¹ The mostly used technique is still the one that defined by Cottle in 1958.²

Severe septal deviations, caudal deformities, anterior deviations, S-shaped deviations, high deviations and mid-dorsal abnormalities are the ones that are defined as "difficult septal deviations". In such cases endonasal septoplasty can be used by some surgeons but also open technique septoplasty can be preferred to increase angle of vision. Both techniques have different limitations that affect their success. In the open septoplasty, the longer duration of the operation and the formation of postoperative columellar incision scar limit the technique.³ On the other hand in the endonasal septoplasty, narrow angle of vision and for that more limited intervention area emerges as a disadvantage. In this study we aim to compare the functional results of the open and the endonasal septoplasty techniques in difficult septal deviation cases.

Methods

This study was designed as a prospective nonrandomized longitudinal study and approved by ethical committee (Number: 2014-119-01/07). All participants signed an informed consent agreement. Patients who were applied to our ENT clinic because of nasal obstruction and diagnosed as nasal septal deviation between September 2014 and May 2015 were classified according to Mladina's classification⁴

(Table 1). Among these patients who have had Mladina type 4, 6 and 7 deviations were included in the study. The patients with insufficient nasal tip support were excluded from the study. Before the surgery, informed consent was obtained from all patients. The columellar incision was explained particularly. Patients who have needed an additional surgery such as adenoidectomy, endoscopic sinus surgery or turbinate surgery were not included to the study. Revision cases and patients whose age was <16 years were also excluded. Open technique was proposed to all patients, and the patients who agreed the open technique were

Table 1 Mladina's classification of deviated septum nasi.

Mladina's classification	
Type I	Presence of a unilateral crest which does not disturb the function of the nasal valve. It is situated in the area of the valve.
Type II	Disturbance of the valve function is caused by the unilateral crest. Positive Cottle's symptom can be observed after raising of the nostril, which gives a subjective and objective improvement in the nose patency.
Type III	One unilateral crest at the level of the head of the middle nasal concha
Type IV	Defines two crests – one at the level of the head of the middle nasal concha, and the other on the opposite side in the valve area, disturbing the valve functions.
Type V	A unilateral ridge on the base of the septum, while on the other side the septum is straight.
Type VI	A unilateral sulcus running through the caudal-ventral part of the septum, while on the other side there is a ridge and accompanying asymmetry of the nasal cavity.
Type VII	A mix of types from I to VI.

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