Inferior Turbinate Flap for Repair of Nasal Septal Perforation

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INTRODUCTION

- Repair of nasal septal perforations: the variety of techniques, technically difficult, require training, not reproducible by all surgeons.
- The inferior turbinate flap: limited to moderate size (1.5–3.0 cm), caudal perforation.
MATERIALS AND METHODS

• 1998-2001
• 10 patients (follow-up: from 18 months to 3 years)
• Perforation size: 1-2 cm
• Flap: a normal or large inferior turbinate
The septal perforation is rimmed using a No. 12 blade.
The anterior attachment of the turbinate is left intact.
A through-and-through cut is made through the inferior turbinate.
The flap is retracted anteriorly.
The flap is sutured in place using plain 4-0 catgut.
The site of pedicle transection (3 weeks after surgery)
Results and Complications

- 7 patients: closure of their perforations
- 2 patients: incomplete closure
- 1 patient: flap necrosis
- all of the patients: complained of unilateral nasal airway obstruction for 3 weeks
DISCUSSION

- Repair of nasal septal perforations:
  - size, location, and symptomology
Advantages of the inferior turbinate flap

• (1) abundant vascularity,
• (2) wide arc of rotation
• (3) combined skeletal and epithelial support
• (4) use respiratory tract mucosa
Disadvantages of the inferior turbinate flap

- (1) a second-stage procedure to release the pedicle
- (2) cause partial obstruction of the airway
- (3) one surface is not epithelialized, must heal by secondary ingrowth of epithelium
CONCLUSION

- The inferior turbinate flap:
  - (1) a relatively simple technique
  - (2) offers a valuable source of respiratory tract mucosa
  - (3) provides one more alternate solution to a difficult problem