INTRODUCTION AND AIM OF THE WORK

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Nasal obstruction is one of the most common presenting symptoms in the otolaryngologic practice ; mainly due to turbinate dysfunction (Selkin, 1985).

The main structure contributing to nasal obstruction is the inferior turbinate which contains most of the nasal erectile tissues as proved by clinical examination and nasal air way resistance studies (Ophir, et al ,1985).

Enlarged inferior turbinate secondary to chronic rhinitis, is the most common cause of chronic nasal obstruction (Ogura, 1977 and Baker, 1980).

Chronic hypertrophic rhinitis is the end result of the long standing irritative process of nasal mucosa. This hypertrophy is diagnosed by the failure of the mucosa to respond to local vasoconstrictor agents. Once this is diagnosed ; there is no point in further conservative therapy , and the surgical measures should be performed to relieve the obstruction (Gluckman, 1980).

Different surgical modes are tried to treat and relieve the stuffy nose by reducing the bulk of the obstructing inferior turbinate. These modes are , however , controversial which include ; submucosal diathermy; either unipolar or bipolar electro-coagulation, surface cauterization, cryosurgery, laser

turbinectomy, inferior turbinectomy, out fracture of the turbinate , submucosal injections and lastly vidian neurectomy.

This work aims to evaluate the effect of unipolar submucosal diathermy in treatment of chronic nasal obstruction caused by hypertrophied inferior turbinate.