Summary AND CONCLUSION

Summary

Repair of nasoseptal perforation presents a difficult challenge to the otolaryngologists. A number of different materials both autografts and allografts have been used as interpositional grafts.

It is a comparative study between different graft materials used for the repair of the septal perforation by an external approach.
This study was conducted on 30 patients divided into 3 groups I,II and III each group included 10 patients with septal perforation.

History taking , full E.N.T. examination and nasal examination were performed for all patients.
One approach was performed for all patients (external trans collumelar approach). The graft material used in the repair of the septal perforation was different: in group I it was tragus perichondrium, in group II it was alloderm and in group III it was the inferior turbinate flap.

Each follow up visit; the patients were examined for the success of closure of the septal perforation and for the occurrence of any complication.

In group I the success rate of closure of septal perforation was 70% (7/10 of cases), in group II the success rate was 90% (9/10 of cases) and in group III the success rate was 80% (8/10 of cases).

Conclusion:

Many surgical techniques are available for surgical repair of nasal septal perforations. The variety of techniques is evidence that no single technique is recognized as being uniformly reliable in closing all perforation but the external transcoluomellar approach is the best of them as it is easy, allows direct access and good exposure of the perforation and surroundings.

Different graft materials have been used also and no single graft is 100% reliable for closure of septal perforation.

Closure of a septal perforation using the tragus cartilage graft and bipedicle mucosal flaps to obtain mucosal closure gives a good but not perfect results in our hands.

The repair of nasal septal perforations using the inferior turbinate flap of a moderate size is a relatively simple technique that offers a success rate comparable to other techniques. It offers a valuable source of respiratory tract mucosa had been previously damaged.

Any surgeon can mastering the endoscopic technique provides one alternate solution to a difficult problem.

Assessment of the appropriate flap volume is important preoperatively to prevent occurrence of complications as nasal obstruction, adhesions or crusts.

Acellular human dermal grafts can be used as connective tissue interpositional grafts for the repair of septal perforation with success rate similar to the use of temporalis fascia, mastoid periostium or perichondrium. One distinct advantage is the absence of donor- site morbidity. In addition, this graft material is thicker and easier to be placed and sutured and may give more substances to the repaired septum.