INTRODUCTION

Repair of nasoseptal perforation presents a difficult challenge to the otolaryngologist ***(Ambro Bt. et al., 2003)***.

A nasal septal perforation is a through –and- through defect in any portion of the cartilaginous or bony septum with no overlying muco perichondrium or mucoperiosteium bilaterally ***(Romo et al., 2003)***.

Different techniques have been described over the years for repairing septal perforations, and no standerized surgical protocol exists for repair. High failure rates can be attributed to 2 unfavorable factors; inadequate blood supply and a scarred host bed ***(Romo et al., 2003).***

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 perforations ***(Michael Friedman et al., 2003)***.

A number of different materials both autografts and allografts have been used as interpositional grafts ***(Ambro Bt. et al., 2003).***

It is important that the cause of septal perforation is established before reparative surgery is considered in particular it is important to review why previous surgery was performed, and ensure that any other pathology has been treated, it is also vital to exclude vasculitis or rcoid,as repair in these patients is doomed to failure ***(T. J. Woofford et al., 2001)***.