

SUMMARY

This study comprised 100 patients suffering from nonallergic non infective vasomotor rhinitis, presenting by nasal obstruction and inferior turbinate hypertrophy.

They were subjected to full history, clinical examination and radiological examination.

In addition to subjective assessment, they were also assessed objectively by using peak nasal inspiratory flow meter and anterior rhinomanometry.

The operation of submucous resection of inferior turbinates was done on both sides under general anesthesia.

- Follow up of the patients was done through one year, 6 months and 12 months postoperatively.
 - Results were collected, evaluated and subjected to statistical analysis.
 - Patients in this study were 59 males and 41 females.
- 16 patients failed to attend follow-up after 12 months.

Statistically insignificant.

A- Subjective improvement was shown in 83% of patients after 6 months, while 81% of patients showed subjective improvement in nasal breathing after 12 months.

B- Improvement was shown postoperatively in 86% of patients, by the peak nasal inspiratory flowmetry, after 6 months and in 84.5% of

patients after 12 months, the mean nasal inspiratory flow air was 85.37 pre-operatively it was 118.7 after 6 months and 126.31 after 12 months.

C- Postoperative improvement was shown rhinomanometrically in 81% of patients after 6 months and in 75% of patients after 12 months, the pre-operative mean nasal resistance was 0.729

6 months postoperatively it was 0.334.

12 months postoperatively it was 0.344.

- The complications of the operation were few and could be considered as minor consequences.
- Review of literature showed that other operations performed to shrink the inferior turbinate, such as total inferior turbinectomy, submucous diathermy had complications as atrophic rhinitis (Dry nose syndrome), hemorrhage, infection.
- It can be safely said that a valid conclusion that submucous resection of the inferior turbinates is safe and effective operation as a treatment for nasal obstruction due to vasomotor rhinitis with inferior turbinate hypertrophy.

It had the advantage of preservation of the nasal mucosa and its physiological properties and could be done with minimal complications.