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Abstract

Thoralf Stange: Follow-up surgeries after nasal septum defect repair

Introduction: Revision surgeries following nasal septal defect repair are very rare. Therefore, based on the experience gained over the past 7 years, this study aims to evaluate commonly observed intraoperative findings, the corresponding surgical strategies, and the postoperative success rate.

Methods: From 2008 to 2014, the author performed a total of 55 revision surgeries following nasal septal defect repair. The author performed the initial surgeries in 11 patients; in 44 cases, the initial surgeries were performed elsewhere. After measurement, the nasal septal defects were classified into 4 groups according to the previously described classification (Types I–IV). The follow-up period was at least 12 months. All revision septal defect repairs were performed using the modified Schultz-Coulon bridge flap technique or variations of this method.

Results: A total of 43 of the 55 septal defects (78.2%) were successfully closed in the long term. When the initial surgery itself—i.e., performed reliably using the bridge flap technique—was performed, the complete closure rate was 81.8% (9 out of 11). Among patients who had undergone initial surgery at another institution, complete closure was achieved in only 63.6% of cases (28 out of 44).

Conclusions: Even after a previous attempt at nasal septal defect closure, septal reconstruction can be performed with a high success rate. The success rate for complete closure is slightly lower than that of primary nasal septal defect repair. The success rate is significantly higher when the bridge flap technique—that is, a three-layer reconstruction procedure—was used in the primary nasal septal defect repair.