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Abstract

Thoralf Stange: Reconstruction of postoperative nasoseptal defects

Introduction: The reconstruction of postoperative nasoseptal defects is more difficult than in spontaneous nasoseptal defects, because of the scarred and destroyed anatomical structures. Therefore, the success rates of the three-layer surgical repair of postoperative nasoseptal defects should be compared with those of spontaneous defects.

Methods: From 2009 to 2016 the author performed a total of 457 operative nasoseptal reconstructions. 187 of these nasoseptal defects had developed postoperatively, 200 developed spontaneously. The nasoseptal defects were divided into four groups after measurement: small (type I), medium size (type II), large (type III) and very large (IV). The follow-up period was at least 12 months. All operations were performed as three-layer reconstruction according to the extended bridge-flap concept according to Schultz-Coulon or with minor modifications.

Results: In total, 159 of the 187 postoperative nasoseptal defects (85,0 %) were completely closed in the long term (spontaneous defects 93,5 %). Medium size postoperative defects (type II) could be completely reconstructed to 90,2 % (spontaneous defects 97,9 %) and large (type III) defects only to 60,5 % (spontaneous defects 77,1 %).

Conclusion: Even after previous nasal operations, a nasoseptal reconstruction can be done with a high success rate. The success rate of a complete reconstruction is lower than that of spontaneous nasoseptal defects, especially in large ones (type III). Occasionally cranial localized, again defects (often without complaints) ones have to be taken into account.