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Abstract

Thoralf Stange: Clinical Value of Biopsy for Nasal Septum Defects

Introduction: While the etiology of postoperative nasal septal defects is generally clear, the differential diagnosis of idiopathic septal defects presents considerable difficulties. Only in very few cases can a cause be identified through the patient's medical history, and endonasal findings are rarely diagnostically informative. In many cases, therefore, a biopsy is taken from the edge of the defect for histological examination. The aim of the study was to determine whether histological findings can contribute to understanding the etiology of idiopathic septal defects.
Methods: From August 2012 to August 2014, the author performed surgery on 138 patients with nasal septal defects. Seventy-three patients had a postoperative or posttraumatic defect, and 65 patients had an idiopathic septal defect. In 15 patients with a postoperative/traumatic defect and in all 65 patients who had not undergone prior surgery, an intraoperative biopsy was taken from the edge of the defect during nasal septum reconstruction and examined histologically.
Results: In 14 cases of postoperative/traumatic septal defects and in all 65 patients who had not undergone prior surgery, histological examination failed to identify a specific cause for the septal defects. Only in one case—in which a history of sarcoidosis was identified—were granuloma-like changes with epithelioid-cell-transformed macrophages diagnosed histologically.
Conclusions: Histological examination of biopsies taken from the margins of nasal septal defects does not contribute to the preoperative differential diagnosis. The most important diagnostic tool for investigating the cause of suspected idiopathic nasal septal defects is a detailed medical history.