



83th Annual Meeting of the German Society of Oto-Rhino-Laryngology, Head and Neck Surgery (2012, Mainz)

Abstract

Thoralf Stange: Nasal Septum Defects in Children

Nasal septal defects in children differ fundamentally from those in adults in terms of their prevalence, etiology, and treatment. Nasal septal defects are extremely rare in children. No epidemiological data are available on this topic. In our own patient population (3 out of 12 children) and in the literature, nasal septal defects at this age occurred primarily as a result of endonasal foreign body ingestion that was initially unrecognized by the parents. The symptoms are similar to those in adults: impaired nasal breathing, nosebleeds, or, in the case of small defects, inspiratory wheezing. Treatment should initially be conservative. As with the indications for other nasal surgeries performed before the end of growth, surgery is indicated only in cases of very severe symptoms in young patients.

Twelve children with a symptomatic nasal septal defect underwent surgery using the modified Schultz-Coulon bridge flap technique. Due to the size of the nose, the surgical procedure was particularly challenging. Complete closure was achieved in 10 of 12 children (83%). One additional child had a postoperative asymptomatic recurrent defect measuring 3 mm. Another child, who exhibited conspicuously frequent postoperative digital manipulation of the nose, complained of nasal breathing obstruction associated with a recurrent defect measuring 10 mm.

Surgical reconstruction of a pediatric nasal septum is very difficult due to the proportions involved. The indications for surgery must be applied very strictly. When surgery is indicated, the Schultz-Coulon bridge flap technique is an ideal surgical method, since, first, it is a well-established and very safe method, and second, the surgical trauma is relatively low—particularly for a child's nose—due to the purely endonasal approach, compared to many other surgical techniques. The prognosis for success in treating a complete septal obstruction





is determined not by the absolute dimensions of the defect, but by the ratio of the defect height to the septal height in the affected area.

