

## **"VIDEO-ASSISTED CLOSED TECHNIQUE IN THE MANAGEMENT OF SEPTAL PERFORATIONS BY CONCHAL GRAFT"**

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Aim of this study is to review our surgical policy for large nasal perforation by closed rhinoplasty approach under endoscopic assistance.

Nasal septum perforations from surgical submucous resection, septoplasty, blunt trauma, and substance abuse may cause epistaxis, nasal obstruction, discharge, crusting, dryness, pain, and whistling.

While small symptomatic perforations are closed with local mucosal flaps, options for closure of large symptomatic perforations are limited: the surgical procedures are based on repair by mucosal, mucoperichondrial, and/or mucoperiosteal flaps from the nasal cavity, or with connective tissue autograft, interposed between the mucosal flaps.

A number of different materials, both autografts and allografts, have been used as interpositional grafts.

The lack of a consensus reflects the shortcomings of each method. Successful closure rates of greater than 90% have been published by different interpositional grafts.

Surgical repair of septal perforation can be carried out using either the "closed technique" or "open technique".

The "open" technique offers a wider operating field, thus allowing better access to the superior and posterior margins of the perforation, especially in large and/or posterior perforations.

The advantage of the "closed technique" is that it does not leave any external scar. However, drawbacks related to difficulties due to the narrow operating field may be encountered.

We reported a case of a patient treated for large nasal perforation, using a endoscopically assisted closed rhinoplasty technique with bipediced advancement flaps and auricular conchal cartilage graft as an interpositional graft. A video demonstration of the technique is also shown.

In our experience a 90% closure rate (7 of 8 patients) was achieved, improved nasal airflow and subjective-objective symptomatology was recorded.

In conclusion surgical repair presents a complex technical challenge, because a septal perforation is a hole in three distinct contiguous layers, all three of which must be separated from each other and repaired individually. Good results can be achieved with auricular conchal cartilage graft with a closed approach to overcome the drawback related to the narrow operating field .