

5th International Conference on

OTORHINOLARYNGOLOGY

August 07-08, 2017 London, UK

Augmentation rhinoplasty and tip-plasty in atrophic rhinitis

Swapan Kumar Ghosh SSKM Hospital, India

Gross saddle deformity in many cases of long standing atrophic rhinitis is due to absorption and/or weakening of the septal Grartilage or the nasal bones. Rhinoplasty in patients with atrophic rhinitis is risky as there will be more incidences of postoperative infection and graft rejection. But with proper precautions augmentation rhinoplasty and tip-plasty can be done in atrophic rhinitis patients. 30 cases of atrophic rhinitis were operated. Conservative treatment was done in all the patients. Suction clearance of nasal cavities was done one week before the operation. For minor or moderate augmentation, autologous conchal cartilage was used in layers. For major augmentation rib cartilage or iliac crest bone was used. Tip-plasty was done in 12 cases along with augmentation rhinoplasty. The patients were from the age group 16 to 35 years. Commonest graft used was autologous conchal cartilage (76%). Failure occurred in three cases. In two cases, iliac crest grafts were completely absorbed and in one case conchal cartilage graft was absorbed due to infection. External rhinoplasty was done more commonly (70%). Most of the operations were done under LA. Minimum surgery to gain maximum benefit should be the principle in rhinoplasty in atrophic rhinitis. In long standing atrophic rhinitis the thick puckered skin is usually adherent to the underlying structures. So, elevation of skin is difficult and great care and patience is required to prevent buttonhole formation. These patients tolerate synthetic implants poorly and show an unusually high rate of absorption of autologous bone graft.

Biography

Swapan Kumar Ghosh is presently working as a Professor in ENT department of IPGMER and SSKM Hospital, Kolkata, India. He completed his DLO and MS (ENT) at Calcutta University and DNB (ENT). He has been examiner for undergraduate and postgraduate students of various universities in India. He is a distinguished teacher and has been actively engaged in teaching and training of undergraduate and postgraduate students for over 22 years. He is a pioneer in Rhinoplasty Surgery in eastern India. He has about 20 research publications in indexed journals. He received AOI Travel fellowship in 1991.

wapagose45@rediffmail.com

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