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## To evaluate endoscopic closure of nasal septal perforation using pedicled inferior turbinate flap

**Background**: Septal perforations are usually difficult to treat. Surgery is indicated if the perforation is symptomatic. Our aim is to evaluate endoscopic closure of nasal septal perforation using pedicled inferior turbinate flap.

Patients & Methods: Endoscopic closure of nasal septum perforations were performed in 31 patients using unilateral pedicled inferior turbinate flap.

**Results**: 23 patients (74%) had complete closure of their perforations. Six other patients (19.5%) had incomplete closure with a small residual perforation<1 cm in diameter posteriorly. Two patients (6.5%), who had previous submucosal diathermy of the inferior turbinate, had flap necrosis with complete failure of the repair. There was a significant inverse relationship between the diameter of the perforation and the success of the repair.

**Conclusions**: Endoscopic repair of nasal septal perforations, up to 2 cm in diameter, using a modified pedicled inferior turbinate flap, is a feasible technique that offers acceptable success rates due to the remarkable vascularity and thickness of the flap. The use of endoscopes allowed more precise a traumatic elevation of the flap posteriorly. The present technique differs from other previously described flap procedures in that it extends the posterior dissection to include a part of the mucosa of the inferior meatus in order to allow more free un-constrained rotation of the flap, and decrease the thickness of the pedicle so that we may not need to divide it in a second stage. This step would have been more difficult and less precise without the use of the endoscope. Previously operated turbinate are not suitable for this technique. Also the procedure may not be suitable if the perforation is very anterior or larger than 2 cm in diameter.

## Biography

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