

Different techniques for the correction of dorsal septal deviation

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In rhinoplasty surgery, we use different techniques for the correction of the dorsal bony and cartilagenous septal deviation. Rhinoplasty, usually known as a nose work, is a plastic medical procedure technique for adjusting and recreating the nose. There are two sorts of plastic medical procedure utilized – reconstructive medical procedure that reestablishes the structure and elements of the nose and corrective medical procedure that changes the presence of the nose. Reconstructive medical procedure looks to determine nasal wounds brought about by different injuries including obtuse, and infiltrating injury and injury brought about by impact injury. Reconstructive medical procedure likewise treats birth defects, breathing issues, and bombed essential rhinoplasties. Rhinoplasty may expel a knock, restricted nostril width, change the edge between the nose and the mouth, or address wounds, birth defects, or different issues that influence breathing, for example, a strayed nasal septum or a sinus condition. In shut rhinoplasty and open rhinoplasty medical procedures – an otolaryngologist (ear, nose, and throat authority), an oral and maxillofacial specialist (jaw, face, and neck master), or a plastic specialist makes a useful, stylish, and facially proportionate nose by isolating the nasal skin and the delicate tissues from the nasal structure, adjusting them as required for structure and capacity, stitching the cuts, utilizing tissue stick and applying either a bundle or a stent, or both, to immobilize the modified nose to guarantee the correct recuperating of the careful entry point.

Objective: The objective of this study were to describe and compare between five techniques used to correct the dorsal septal deviation bony and cartilagenous parts.

Study design: The author conducted a retrospective clinical chart Review in 130 patients the age range from (18-60) years, cases varied between 35 patients underwent septorhinoplasty with close technique , 50 patients with Daniel technique , 55 patient with Dallas technique and 10 cases with toriumi technique. The corresponding author perform all operations over a period of 5 years at the department of otorhinolaryngology, head and neck surgery at king Abdullah medical city, Makkah Almokarama Saudi Arabia.

Method: Patient and diseases information were collected retrospectively and analyzed after IRB approval.

Results: There was subjective improvement in breathing according to the patient satisfaction score in breathing was 85% of close one and 84.5% in all other techniques. this difference was not statistically significant , but in aesthetic point of view with patient satisfaction score the last three techniques give a best results than the first two techniques. Observation of the dorsal aesthetic lines pre and post operative, we observe that in close technique and extracorporeal techniques the lines not in an ideal symmetry but in daniel, dallas and toriumi techniques the dorsal lines become in an ideal symmetry. the nasolabial angle, in close technique we find no change in the angles pre and post operative, in extracorporeal one the angles increased more than the ideal so need revision surgery due to working in a k stone area, but in daniel, dallas and toriumi techniques the angle improved and reach to the ideal range so there a significant difference calculated in our study.

Conclusion: Treatment of dorsal septal deviation may be technically challenging and many functional, structural, and esthetical consideration must be taken into account on the bases of this series both dallas and toriumi technique may be considered for correction of deviations in this area. the functional improvement in all techniques due to straightening of the septum and reduction of the turbinate size in most of our patient by laser assisted turbinate reduction.