

Septal perforation

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A hole in the nasal septum causes turbulent airflow through the nose and a resulting sensation of nasal blockage, extensive nasal crusting, bleeding and whistling. The causes of septal perforation are listed in Summary box 51.10 . Septal perforations seldom heal spontaneously . A great variety of operations have been described to close septal perforations but none has met with universal success . These have included closing the perforation using cartilage or synthetic material and covering with local flaps. Alternatively , the perforation may be occluded by inserting a Silastic biflanged prosthesis or 'septal button' (Figures 51.42 and 51.43). In some cases, particularly those patients with significant whistling and bleeding from the posterior edge, the perforation can be enlarged and mucosa folded around the posterior edge to stabilise it. Granulomatosis with polyangiitis is a systemic idiopathic autoimmune disease affecting the nose, lungs and kidneys. Summary box 51.10 Causes of septal perforations /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF James Laurence Little , 1836-1885, Professor of Surgery , The University of Vermont, Montpelier, VT , USA. - o - - - Mucosal granulations on the nasal septum destroy cartilage, producing a septal perforation with saddle deformity of the nose. Laboratory findings include a high erythrocyte sedimentation rate, impaired creatinine clearance and antineutrophil cytoplasmic antibodies (c-ANCA) in most cases.

Trauma Iatrogenic following septal surgery Nose picking Following a septal haematoma from nasal injury Infection Syphilis Tuberculosis Vasculitis Granulomatosis with polyangiitis Tumours Toxins Chrome salts Cocaine Idiopathic Narrow airway Contralateral inferior turbinate Deviated septum hypertrophy Figure 51.40 Coronal section through the anterior nasal fossae with deviated nasal septum to the right side. Frontal sinus Nasal bone Perpendicular plate ethmoid Dorsal strut Septal cartilage Vomer that can be excised in SMR Palatine bone Caudal strut Figure 51.41 Area of cartilage that can be removed in submucous resection (SMR) leaving dorsal and caudal strut for support. Septal perforation Septal prosthesis Figure 51.42 Anterior and lateral views of septal perforation occluded with a prosthesis.

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