The Issue of Surgical Treatment of Perforation of Nasal Septum.

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The Perforation of Nasal Septum(PPN) is not a routine pathology in the work of otorhinolaryngologist.

Very often such kind of patients remain without necessary attention from specialist that can lead to relapsed epistaxis, bad smell from nose,reflexive headaches. PPN can be the symptom of serious somatic disorder and also can promote to development of chronical inflammatory deseases of nose sinuses.

Perforation can happen in the result of atrophied rhinitis caused by inhaling hot (or cold) air, dusty air, toxic matters. The deficiency of nasal secretion with combination of nasal septum deformation and added in aftermath inflammation are multi-functional base for formation of perforation. Blast of inhaling air causes intensive formation of crusts and mechanical irritation of mucous tunic on prominent side of deformated nasal septum.It leads to loss of cilial epithelium, affection of BLOOD CIRCULATION and futher degenerative changes in all layers of nasal septum. Patients removing crusts themselves contaminate the thick of injured mucous tunic with infection after what the crusts form again. Joined secondary infection causes perichondritis and cartilage necrosis. Mucous tunic consistently demolishes, after it demolishes реrichondrium and then cartilage itself. In the final stage demolishes the opposite side of mucous tunic , after what forms the penetrating perforation.

The frequency of PPN increases among the drug addicts who use cocaine. Cocaine is used during a lot of centuries to stimulate the sense of euphoria, making local vasoconstrictive and thrombosed action. Owing to these properties while using the cocaine intranasally , the volume of local blood current decreases and thrombosis of arterioles appears. Owing to the thrombosis the trophic process in the thick of cartilage demolishes.

At this time we are taking up an optimal way for surgical closing of perforation of nasal septum taking into account the anamnesis, size, location of perforation of nasal septum and possible complication in postoperative period. Our task is to search the material for restoration of supporting framed structures in the case of removing the perforation of nasal septum. For this case the biological material must be harmless, easy aspirating and available. Following all what was mentioned above, we use the biological material- “Biotsital”, which was worked out by the scientists of Tashkent Chemical Technological Institute.

We observed 18 patients, 3 of them had nasal injury, 13 of them had operation on nasal septum, the cause of the rest 2 patients was unknown. The patients were divided into two groups. The first group included 7 patients that were cured by Molokov’s method( the method of sewing with double-sided bipedicular pieces the mucous tunic of nasal cavity with autocartilage. The second group -11 patients, cured with the technology worked out by us (the method of moving mucous tunic pieces from back ends of low nasal turbinates with “Biotsital” implantation.)All the patients were placed the plates from both sides of nasal cavity on their nasal septum, they were made a front tamponade with glove- gauze tampon. The removing of front tamponade in both groups was made in 48 hours.

After the operation the patients in both groups were observed in the dynamics ( in 10 days, 1 month,3 months, 6 months and 1 year). In primary group the indications of front active rhinomanometry objectively confirm the restorement of respiratory nasal functions: one patient had partial casting off tissues in 3 months, the rest had full recovery. In the control group two patients had full casting off tissues in a month, the rest three patients had partial casting off in three months.

In the conclusion we want to say that the use of “Biotsital” allows us to restore both volumetric and plain defect, assists not only to decreasing in size, but also to full closing and healing of nasal septum perforation. Besides the restorement of anatomic structure, improve the clinical indications, such as dryness in nose, formation of great amount of crusts, fierce while breathing, headache and completely full stoppage of nose bleeding, being one of the factors, threatening the patient’s life.