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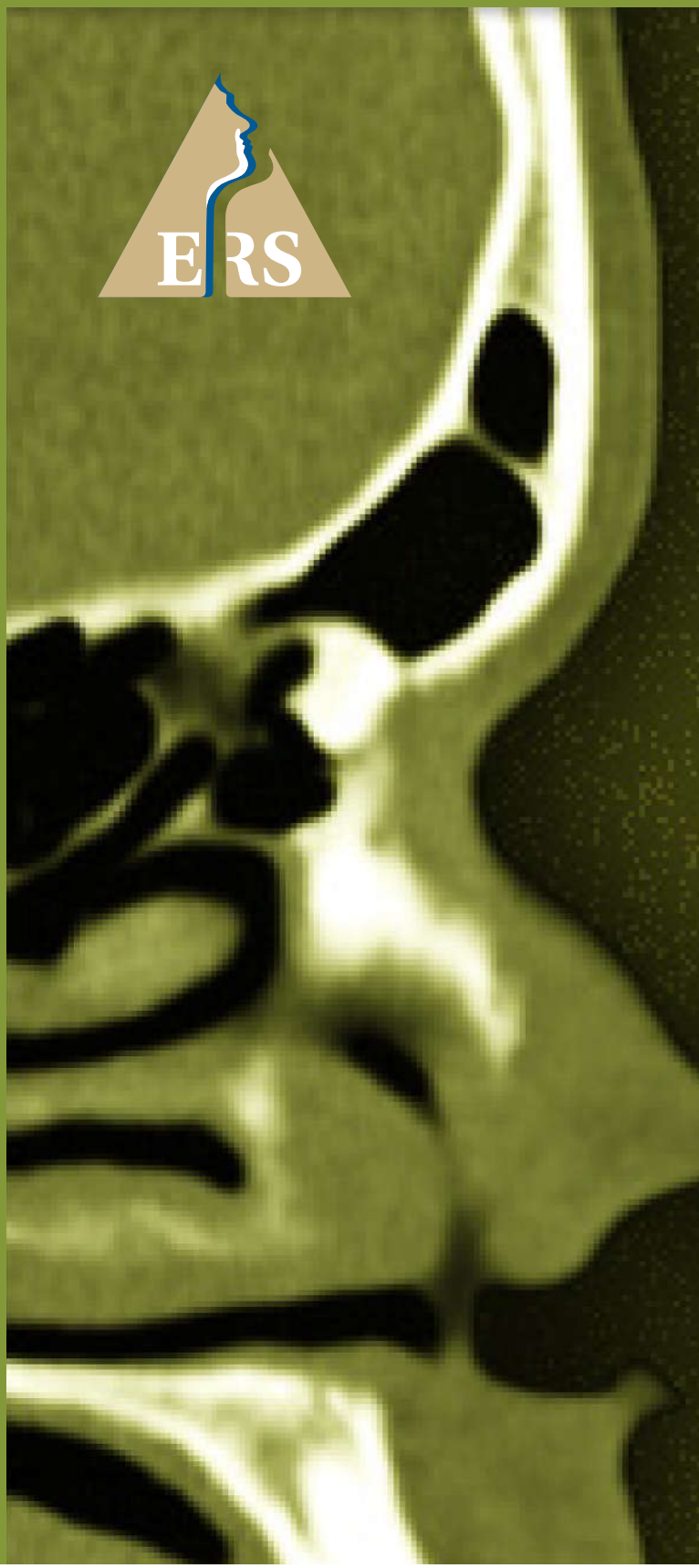

Abstract Book

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ERS16-0707
FREE PAPER SESSION 4: MANAGEMENT OF CRS SURGICALLY

TRANSORBITAL ENDOSCOPIC MANAGEMENT OF SUPRAORBITAL ETHMOIDAL MUCOCELES: A NOVEL APPROACH

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Aims

Various surgical approaches have been employed in the management of supraorbital ethmoidal mucoceles. The choice depends on the routes of disease extension and on the causative factors. Localization of supraorbital ethmoidal mucoceles to the lateral portion of the frontal sinus has been treated mainly by the conventional or advanced Draf sinusotomy approaches. We introduce a simple technique to connect supraorbital ethmoidal mucoceles into the proximal part of the frontal sinus.

Method

Transorbital endoscopic technique was used to treat two patients with supraorbital ethmoidal mucoceles, sparing the medial portion of the frontal sinus and the ostiomeatal complex. With this novel technique, two separate trocars were entered through the orbital wall of the frontal sinus. A nasal endoscope and a forceps were entered through lateral and medial trocars, respectively, to remove the medial wall of the mucocele.

Results

Intra- and postoperative periods were uneventful and long-term follow-up showed no recurrence of the lesions.

Conclusion

Transorbital endoscopic technique could be judiciously employed as an effective and cosmetically excellent alternative to previous endonasal and external methods in selected cases of far remote-access supraorbital ethmoidal and lateral frontal mucoceles.

ERS16-0616
RHINOPLASTY

THE IMPACT OF OPEN RHINOPLASTY ON THE AIRWAY DIMENSIONS

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Aims

Acoustic rhinometry (AR) has grown popular as a practical and objective clincial modality to assess the severity of chronic nasal obstruction. Herein, we aimed to objectively determine the impact of open rhinoplasty on the alteration in the airway dimensions as assessed by various parameters of AR pre- and post-operatively.

Method

Sixty patients (39 females; aged [mean ± SD] 25.2 ± 8.8) with chronic nasal obstruction prospectively underwent objective measurement of the nasal function prior and after open rhinoplasty using three parameters of the AR: minimal cross-sectional area (MCA), volumetric value (VOL) and distance to the nostril on both sides.

Results

Open rhinoplasty was performed in all cases. Post-operatively, significant improvements were made in the MCA (cm^2) of the nasal airway on both left (from 0.21 ± 0.05 to 0.71 ± 0.31, *P* value = 0.045) and right (from 0.25 ± 0.08 to 0.75 ± 0.12, *P* value = 0.014) sides and the VOL (cm^3) on the right side (from 1.02 ± 0.14 to 1.29 ± 0.04, *P* value = 0.030).

Conclusion

Our findings support the overall effectiveness of open rhinoplasty on the objective improvement of airway dimensions in patients who underwent septorhinoplasty for improvement of form and function.

ERS16-0619
RHINOPLASTY

ASSOCIATIONS BETWEEN INTEREST IN RHINOPLASTY, POSITIVE BODY IMAGE, AND PHYSICAL APPEARANCE COMPARISONS AMONG RHINOPLASTIC PATIENTS

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Aims

research suggests that those who apply for cosmetic surgeries may show body image disturbance. Most of the studies, however, rely on measurement of negative body image among patients. The present study aimed to investigate associations between interest in aesthetic rhinoplasty with two body appreciation as an indicator of positive body image and physical appearance comparison.

Method

a consecutive sample of 70 patients who applied for aesthetic rhinoplasty filled a set of questionnaires. Patients ranged in age between 16 and 45. Measures included Interest in Aesthetic Rhinoplasty Scale (IARS), Body Appreciation Scale (BAS), and Physical Appearance Comparison Scale-Revised (PACS-R). Instruments included 8, 13, and 11 items respectively. The study was correlational and statistical analysis was performed using SPSS.

Results

the Pearson correlation coefficient between interest in aesthetic rhinoplasty and body appreciation was -0.272 ($P<0.05$). Moreover, the correlation coefficient between interest in the surgery and physical appearance comparisons was 0.267 ($P<0.05$). Cronbach's alpha of the IARS, BAS, and PACS-R were 0.86, 0.90, and 0.96 respectively.

Conclusion

this study was a preliminary research in order to explore the associations between positive body image and social appearance-related comparison with interest in rhinoplasty among patients. Findings were consistent with the notion that more frequent physical appearance comparison is significantly associated with higher interest in rhinoplasty. Positive body image was also negatively significantly correlated with IARS. Results of the current study may be used in understanding complex social and individual processes which increase interest in rhinoplasty.

ERS16-0693
RHINOPLASTY

NON-SURGICAL CORRECTION OF NASAL VALVE IN REVISION CASES

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Aims

Correction of the nasal valve region is a challenging issues in revision rhinoplasty, usually requiring many grafts form different donor sites. The availability and ease of the use of natural fillers persuaded us for increasing use of augmenting filling agents in revision cases. Although the preliminary reports mostly addressed the shape of the nose, in this article we present our experience on non-surgical improvement of the nasal valve in revision cases.

Method

In this study, we present our experience on sixty five patients with nasal obstruction due to the external or internal valve problems. The epicenter of obstruction and severity was determined by physical examination, nasal endoscopy and acoustic rhinometry. All patients underwent augmentation of the weakened areas of the nasal valve with biologic filler injection mimicking different grafts such as alar rim graft, lateral crural strut graft, button graft, columellar strut graft, dorsal graft and spreader graft.

Results

Comparison of pre and post-procedure symptom groups was performed in all patients and revealed that functional problem improved in all of the patients, with a wide range of changes from minor to major improvement. The immediate result experience was exciting for many patients.

Conclusion

Non-surgical correction of nasal valve could be an easy, safe and cost effective method for improving external nasal valve function in selected revision cases, mimicking the role of the supporting grafts. However it should be done very cautiously by an expert surgeon with ample experiences on surgical correction of the nasal valve in revision cases.

ERS16-0696
RHINOPLASTY

THE CAUDAL SHIFT OF MINIMAL CROSS-SECTIONAL AREA BY SPECIFIC TECHNIQUES IN OPEN RHINOPLASTY

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Aims

to prospectively investigate the impact of specific techniques in open rhinoplasty on the distance of minimal cross-sectional area (MCA) at nasal valve from the nasal sill.

Method

For a total of sixty patients with chronic nasal obstruction, functional breathing was objectively assessed using the parameters of acoustic rhinometry prior to and after the open rhinoplasty. We performed a subgroup analysis to investigate the impact of various techniques in open rhinoplasty on the objective alteration in the distance of MCA from the nasal sill. For this purpose, the changes of the pre and post-rhinoplasty MCA distance (ΔMCA distance: pre-rhinoplasty MCA distance – post-rhinoplasty MCA distance) are calculated and compared in those with or without the use of each specific technique, respectively.

Results

Open rhinoplasty was performed in all patients. A caudal shift in the MCA distance readings was observed in patients using the turn in flap (*P* value for the right MCA distance = 0.017, ΔMCA distance: 0.350 vs. −0.068), tongue in groove (*P* value for the left MCA distance = 0.022, ΔMCA distance: 0.204 vs. −0.427) and cephalic trim (*P* value for the right MCA distance = 0.039, ΔMCA distance: 0.462 vs. −0.260) techniques.

Conclusion

The clinical implication of the anterior shift in the MCA distance is currently unclear. The use of turn in flap, tongue in groove or cephalic trim techniques possibly widens the pre-rhinoplasty MCA to the extent of founding a new MCA caudal to the original location.

ERS16-0618
FACIAL SURGERY BEYOND THE NOSE

RHINOPLASTY AND CHIN ADVANCEMENT BY HORIZONTAL OSTEOTOMY

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Aims

The chin like the nose is in a prominent position on the face and plays very important role in facial profile. The important relationship between the nose and chin may be underestimated by otorhinolaryngologists and facial plastic surgeons who perform rhinoplasty. In this article, we present our experience on horizontal osteoplastic advancement of chin in patients undergoing rhinoplasty.

Method

69 patients underwent genioplasty and rhinoplasty. Age of patients ranged from 17 to 43. The patients were included in three groups in which the genioplasty were done before, after or at single stage with rhinoplasty. All procedures were performed under general anesthesia with intraoral incision. After exposing the mentum, horizontal osteotomy was performed and advanced segment was fixed in place. We utilized five different methods for fixation including three screws, five screws, one per-bent mini-plates, two parallel mini-plates or combination of per-bent mini-plates and screws. There were no significant difference between three groups of patients and between different methods of fixation.

Results

Patients were followed 6 months to 8 years after operation. Improvement of facial parameters was observed in all patients. No permanent complication occurred. Three had prolonged hyposthesia up to 3 and 18 months after surgery.

Conclusion

Advancement genioplasty by osteotomy could be performed in patients with chin problems during or after rhinoplasty to improve the facial profile. Our experience with horizontal osteotomy showed satisfactory results with no important complication.

ERS16-0617
CSF-LEAK AND MANAGEMENT OF ANTERIOR SKULL BASE DEFECTS

ENDONASAL ENDOSCOPIC SUTURING REPAIR OF DURA IN LIMITED ACCESS IATROGENIC CEREBROSPINAL FLUID LEAK

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Aims

To share our experience on the successful repair of limited access cerebrospinal fluid (CSF) leak due to iatrogenic dural defect using the practical suturing technique.

Method

We report a case of surgically induced dural defect due to the functional endoscopic sinus surgery (FESS) in a 19-year-old woman presenting with eosinophilic fungal rhinosinusitis. Ethmoidectomy and sphenoidectomy was performed, the skull base area was rigorously cleaned off remnant cells and the surrounding mucosa was reflected against the dural defect. Layer-by-layer repair of the CSF leak was initiated by insertion of muscle and then fascia lata inside the defect. This early repair was then reinforced on the inferior surface by 5.0 round silk suturing threads approximating the bilateral sides of the dural tear. At this point, the CSF leak had completely stopped. Finally, an adhesion crust consisting of crushed muscles enriched in cellulose material were laid beneath to pack the surgical site.

Results

Endonasal endoscopic closure of the iatrogenic CSF leak was successfully achieved by the novel use of endoscopic limited suturing technique. Three months post-operatively, the patient reported no complication related to the CSF leak or suggestive of the meningitis.

Conclusion

Effective suturing repair of the iatrogenically induced CSF leak in combination with endoscopic surgery is possible in a physically confined area with very limited room to perform suturing maneuvers. Important advantages of this technique include the lack of additional flap-related donor- and recipient-site morbidity and the comparatively lower cost of the procedure compared to conventional endoscopic techniques.