Mini-nasoseptal flap for recalcitrant sphenoid sinusitis

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INTRODUCTION

Recalcitrant sphenoid sinusitis

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A 56-year-old female presented with left-sided chronic sinusitis. She failed outpatient medical management, including multiple courses of antibiotics and steroids. She had 2 prior sinus surgeries, including her most recent FESS 6 months prior to presentation. She complained of increasing post-nasal drainage, headache, and left-sided retro-orbital pressure. Her medical history was otherwise significant for multiple environmental allergies and was undergoing immunotherapy.

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Patient Case Illustration

DISCUSSION

A 56-year-old female presented with left-sided chronic sinusitis. She failed outpatient medical management, including multiple courses of antibiotics and steroids. She had 2 prior sinus surgeries, including her most recent FESS 6 months prior to presentation. She complained of increasing post-nasal drainage, headache, and left-sided retro-orbital pressure. Her medical history was otherwise significant for multiple environmental allergies and was undergoing immunotherapy.

DISCUSSION

On physical exam, nasal endoscopy was significant for thick purulence and fungal debris in the left sphenoid sinus. All the debris could not be removed in clinic secondary to the size and consistency of the fungus. Otherwise, the rest of the parasanal sinuses were clear. The decision was made to take the patient back to the operating room for revision sphenoid sinusotomy. The patient underwent an uncomplicated drilling of a sclerotic sphenoid face with reconstruction with a mini-NS flap. At 8 months postoperatively the patient had a widely patent sphenoidotomy with no evidence of recurrence (Figure 1).

DISCUSSION

Figure 1: Harvest of mini-nasoseptal flap.

A) Pre-op sphenoid sinusotomy B) Mini nasoseptal flap for mucosal incisions C) Suction freer for flap elevation D) 11-blade for extending mucosal incisions E) mini-NS flap temporally placed in nasopharynx F) Performing sphenotomy by drilling osteal bone G) Wide-open sphenoid with double h Jesus basis H) Mini-NS flap draped over sphenoid sinus I) Sphenoid os II) Sphenoid os 8 months post-op.

REFERENCES


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ABSTRACT

INTRODUCTION

Surgical Technique cont.

Patient Case Illustration

DISCUSSION

CONCLUSIONS

DISCUSSION

The mini-nasoseptal flap decreases the risk of restenosis after sphenoid sinusotomy by preventing circumferential cicatricial scarring. This technique can be especially beneficial for patients with highly inflammatory lesions in conjunction with close postoperative surveillance or debridement is difficult or impossible.