



Reader Digest

Digested by Dr. Tarek Kandil, MD. Consultant, students Hospital, Cairo University

1. Endoscopic treatment of choanal atresia.

Llorente JL, López F, Morato M, Suárez V, Coca A, Suárez C.

Servicio de Otorrinolaringología, Instituto Universitario de Oncología del Principado de Asturias, Hospital Universitario Central de Asturias, Oviedo, Asturias, España. Electronic address: llorentependas@telefonica.net.

Abstract

INTRODUCTION:

Choanal atresia (CA) is an infrequent congenital obliteration of the airway at the level of the posterior nasal aperture resulting in the absence of connection between the nasal cavity and the aerodigestive tract. We present our experience with an endoscopic technique for congenital CA without the use of intranasal stents.

MATERIAL AND METHOD:

We analysed a series of 10 patients with CA treated in our department from 2006 to 2012 through endoscopic surgery. We present a description of the sample and the surgical technique used.

RESULTS:

The sample consisted of 5 men and 5 women. Mean patient age was 8 years (range: 5 days-32 years). Fifty percent of patients were cases with re-stenosis requiring revision surgery. Bilateral presentation was 7 and unilateral was 3. All CA were mixed (bony-membranous). Fifty per cent of patients had an associated malformation. All patients underwent nasal endoscopic surgery without stenting. After a mean follow up of 27 months (range: 11-78 months), the success rate was 100%. No complications were observed.

CONCLUSION:

Transnasal endoscopic repair for both unilateral and bilateral CA without intranasal stenting was found to be a safe, expedient procedure that afforded minimal complications with a high success rate. Endoscopic endonasal surgery may be considered as the mainstay of treatment.



2. The Philtrum in Cleft Lip: Review of Anatomy and Techniques for Construction.

Rogers CR, Meara JG, Mulliken JB.

From the Department of Plastic and Oral Surgery, Boston Children's Hospital, Boston, Massachusetts.

Abstract

The philtrum is imperfectly formed in both unilateral and bilateral cleft lip. Surgical construction of this exquisite feature in the upper lip is challenging and often takes a back seat to construction of Cupid's bow and the nose. However, the philtrum is one of the defining features of a normal lip. The purpose of this review is to compile information on philtral anatomy and techniques for construction to guide the reader on his or her own quest to optimize cleft lip repair. In this article, we review the normal anatomy of the philtral dimple and ridges, with particular attention to pars peripheralis configuration. We also review methods for philtral construction during primary labial repair and secondary labial revision. For unilateral cleft lip, eversion of orbicularis oris muscle is necessary to build a philtral ridge. For bilateral cleft lip, emphasis is on proper design of the philtral flap and efforts to simulate a dimple and ridges. For secondary philtral correction, techniques include complete labial revision with various types of muscular re-repair and autologous philtral ridge augmentation. Objective methods are needed to document the efficacy of the many techniques for philtral construction and reconstruction

J Craniofac Surg. 2013 Nov 14

3. Management of fractures of the nasofrontal complex.

Morrison AD, Gregoire CE.

Department of Oral and Maxillofacial Surgery, QEII Health Sciences Centre, Halifax, Nova Scotia B3H 2Y9, Canada; Department of Oral and Maxillofacial Sciences, Faculty of Dentistry, Dalhousie University, 5981 University Avenue, Halifax, Nova Scotia B3H 4R2, Canada. Electronic address: archie.morrison@dal.ca.

Abstract

Repair of fractures involving the nasofrontal region remains a mainstay of contemporary oral and maxillofacial surgery. This article discusses the epidemiology of these injuries, anatomy of the area, and management of these fractures with insight into potential complications. These include fractures of the frontal sinus, naso-orbital-ethmoidal region, root of the nose, and associated adjacent structures.

[Oral Maxillofac Surg Clin North Am.](#) 2013 Nov;25(4):637-48

4. Radiological Diagnosis and Management of Epistaxis.



Abstract

The majority of episodes of spontaneous posterior epistaxis treated with embolisation are idiopathic in nature. The angiographic findings are typically normal. Specific angiographic signs are rare and may include the following: a tumour blush, telangiectasia, aneurysm, and/or extravasation. Selective internal carotid artery (ICA) angiography may show rare causes of epistaxis, such as traumatic or mycotic aneurysms, which require different treatment approaches. Complete bilateral selective external and internal carotid angiograms are essential to evaluation. The images should be analysed for detection of central retinal blush in the external carotid artery (ECA) and anastomoses between the branches of the ECA and ICA. Monocular blindness and stroke are two of the most severe complications. Embolisation aims to decrease flow to the bleeding nasal mucosa while avoiding necrosis of the nasal skin and palate mucosa. Embolisation is routinely performed with a microcatheter positioned in the internal maxillary artery distal to the origin of the meningeal arteries. A guiding catheter should be placed in the proximal portion of the ECA to avoid vasospasm. Embolisation with microparticles is halted when the peripheral branches of the sphenopalatine artery are occluded. The use of coils is not recommended because recurrent epistaxis may occur due to proximal embolization; moreover, the option of repeat distal embolisation is lost. The success rate of embolisation therapy (accounting for late recurrence of bleeding) varies between 71 and 94 %. Results from endoscopic surgery are quite comparable. When epistaxis is refractory to nasal packing or endoscopic surgery, embolisation is the treatment of choice in some centres.

Cardiovasc Intervent Radiol. 2013 Nov 15

5. Safety and efficacy of Nasya/Prevalin in reducing symptoms of allergic rhinitis

Stoelzel K, Bothe G, Chong PW, Lenarz M.

Klinik für Hals-, Nasen-, Ohrenheilkunde, Kopf- und Halschirurgie, Charité - Universitaetsmedizin Berlin, Campus Charité Mitte, Berlin, Germany.

Abstract

BACKGROUND:

Nasya/Prevalin is a natural, drug-free nasal spray for treatment and prevention of allergic rhinitis. Due to its thixotropic property it forms a barrier on the nasal mucosa, preventing allergen contact. This study assesses the clinical efficacy and safety of Nasya/Prevalin in a nasal provocation test (NPT) with house dust mite allergens.

METHODOLOGY/PRINCIPAL:

In this randomized, double-blind, placebo-controlled trial, 20 subjects suffering from allergic rhinitis due to house dust mite allergens received a single dose of Nasya/Prevalin or saline spray before allergen challenge. Total nasal symptom score (TNSS) and total ocular symptom score (TOSS) were assessed 15, 30, 60, 75, 90, 120 and 240 min after challenge. Further, the appearance of the mucosa was examined by rhinoscopy.



RESULTS:

A single treatment with Nasya/Prevalin led to a significant reduction of TNSS at 60, 75, and 90 min after dust mite allergen challenge, as compared to placebo ($p_{VCAS} = 0.021$, $p_{VCAS} = 0.035$, $p_{VCAS} = 0.036$; respectively). Mucosa changes assessed by the rhinoscopic score (on swelling, secretion and color) were significantly worse in the placebo group compared to the Nasya/Prevalin group ($p = 0.033$). Nasya/Prevalin was well tolerated and the safety was comparable to placebo.

CONCLUSIONS:

Treatment with Nasya/Prevalin was effective in preventing allergic reactions induced by dust mite allergen challenge

Clin Respir J. 2013 Nov 27.

6. Desert dust and human health disorders

Goudie AS.

School of Geography and the Environment, University of Oxford, South Parks Road, Oxford OX1 3QY, United Kingdom. Electronic address: Andrew.goudie@stx.ox.ac.uk.

Abstract

Dust storms may originate in many of the world's drylands and have an effect not only on human health in the drylands themselves but also in downwind environments, including some major urban centres, such as Phoenix, Kano, Athens, Madrid, Dubai, Jedda, Tehran, Jaipur, Beijing, Shanghai, Seoul, Taipei, Tokyo, Sydney, Brisbane and Melbourne. In some parts of the world dust storms occur frequently throughout the year. They can transport particulate material, pollutants, and potential allergens over thousands of km from source. The main sources include the Sahara, central and eastern Asia, the Middle East, and parts of the western USA. In some parts of the world, though not all, the frequency of dust storms is changing in response to land use and climatic changes, and in such locations the health implications may become more severe. Data on the PM₁₀ and P_{2.5} loadings of dust events are discussed, as are various pollutants (heavy metals, pesticides, etc.) and biological components (spores, fungi, bacteria, etc.). Particulate loadings can far exceed healthy levels. Among the human health effects of dust storms are respiratory disorders (including asthma, tracheitis, pneumonia, allergic rhinitis and silicosis) cardiovascular disorders (including stroke), conjunctivitis, skin irritations, meningococcal meningitis, valley fever, diseases associated with toxic algal blooms and mortality and injuries related to transport accidents.

Environ Int. 2013 Nov 22;63C:101-113.

7. Epidemiology and differential diagnosis of nasal polyps.

Chaaban MR, Walsh EM, Woodworth BA.

Department of Surgery, Division of Otolaryngology, the Gregory Fleming James Cystic Fibrosis Research Center, Birmingham, Alabama, USA.



Abstract

BACKGROUND:

Chronic rhinosinusitis (CRS) is one of the most common chronic medical conditions, with a significant impact on patient quality of life. CRS is broadly classified into two groups: CRS with nasal polyposis (CRSwNP) and CRS without NP (CRSsNP). Clinically, the major subtypes of CRSwNP may be divided into eosinophilic chronic rhinosinusitis (e.g., allergic fungal rhinosinusitis and aspirin-exacerbated respiratory disease [AERD]) and nasal polyps associated with neutrophilic inflammation (e.g., cystic fibrosis [CF]). CF is characterized by mutation of the gene encoding the CF transmembrane conductance regulator. Functional endoscopic sinus surgery is usually required for most NP patients with increased frequency in patients with AERD. This study provides a review of the epidemiology and major classification of CRSwNP.

METHODS:

A review was performed of the literature regarding different subtypes of CRSwNP.

RESULTS:

Many definitions of CRSwNP exist and estimates of prevalence vary.

CONCLUSION:

CRSwNP is a clinical syndrome with a heterogeneous inflammatory profile. Of the subtypes associated with eosinophilic inflammation, AERD remains the most recalcitrant to medical and surgical therapeutic interventions

Am J Rhinol Allergy. 2013 Nov;27(6):473-8

8. Magnetic resonance imaging versus computed tomography and different imaging modalities in evaluation of sinonasal neoplasms diagnosed by histopathology.

[Gomaa MA](#), [Hammad MS](#), [Abdelmoghny A](#), [Elsherif AM](#), [Tawfik HM](#).
Department of Ear, Nose, and Throat, El Minia University, Minia, Egypt

Abstract

OBJECTIVE:



The study purpose was to detect the value of magnetic resonance imaging (MRI) compared to computed tomography (CT) and different imaging modalities as conventional radiology in evaluation of sinonasal neoplasms diagnosed by Histopathology.

METHODS:

Thirty patients (16 males and 14 females) were complaining of symptoms related to sinonasal tract. After thorough clinical and local examination, the patients were subjected to the following: conventional radiography, CT, MRI, and histopathological examination.

RESULTS:

The nasal cavity was the most commonly involved site with sinonasal malignancies followed by the maxillary sinuses. The least commonly affected site was the frontal sinuses. Benign sinonasal tumors were present in 14 cases. The most common benign lesion was juvenile nasopharyngeal angiofibroma (6 cases), followed by inverted papilloma (3 cases). While malignant sinonasal tumors were present in 16 cases, squamous cell carcinoma was present in 5 cases, and undifferentiated carcinoma, in 3 cases. Lymphoepithelioma and non-Hodgkin lymphomas were present in 2 cases each, while adenocarcinoma, chondrosarcoma, adenoid cystic carcinoma, and rhabdomyosarcoma were present in 1 case each.

CONCLUSION:

MRI with its superior soft tissue contrast and multiplanar capability is superior to CT in pretreatment evaluation of primary malignant tumors of sinonasal cavity

Clin Med Insights Ear Nose Throat. 2013 Jun 26;6:9-15.

9. [Sk2 guidelines"Diagnosis and Therapy of Snoring in Adults" : Compiled by the Sleep Medicine Working Group of the German Society of Otorhinolaryngology, Head and Neck Surgery].

Stuck BA, Dreher A, Heiser C, Herzog M, Kühnel T, Maurer JT, Pistner H, Sitter H, Steffen A, Verse T.

Universitäts-HNO-Klinik, Universitätsmedizin Mannheim, Theodor-Kutzer-Ufer 1-3, 68167, Mannheim, Deutschland, boris.stuck@umm.de.

Abstract



These guidelines aim to facilitate high quality medical care of adults with snoring problems. The guidelines were devised for application in both in- and outpatient environments and are directed primarily at all those concerned with the diagnosis and therapy of snoring. According to the AWMF three-level concept, these represent S2k guidelines. A satisfactory definition of snoring does not currently exist. Snoring is the result of vibration of soft tissue structures in narrow regions of the upper airway during breathing while asleep. Ultimately, these vibrations are caused by the sleep-associated decrease in muscle tone in the area of the upper airway dilator muscles. A multitude of risk factors for snoring have been described and its occurrence is multifactorial. Data relating to the frequency of snoring vary widely, depending on the way in which the data are collected. Snoring is usually observed in middle-aged individuals and affected males predominate. Clinical diagnosis of snoring should comprise a free evaluation of the patient's medical history. Where possible this should also involve their bed partner and the case history can be complimented by questionnaires. To determine the airflow relevant structures, a clinical examination of the nose should be performed. This examination may also include nasal endoscopy. Examination of the oropharynx is particularly important and should be performed. The larynx and the hypopharynx should be examined. The size of the tongue and the condition of the mucous membranes should be recorded as part of the oral cavity examination, as should the results of a dental assessment. Facial skeleton morphology should be assessed for orientation purposes. Technical examinations may be advisable in individual cases. In the instance of suspected sleep-related breathing disorders, relevant comorbidities or where treatment for snoring has been requested, an objective sleep medicine examination should be performed. Snoring is not-at least as we currently understand it-a disease associated with a medical threat; therefore there is currently no medical necessity to treat the condition. All overweight patients with snoring problems should strive to lose weight. If snoring is associated with the supine position, positional therapy can be considered. Some cases of snoring can be appropriately treated using an intraoral device. Selected minimally invasive surgical procedures on the soft palate can be recommended to treat snoring, provided that examinations have revealed a suitable anatomy. The choice of technique is determined primarily by the individual anatomy. At an appropriate interval after the commencement or completion a therapeutic measure, a follow-up examination should be conducted to assess the success of the therapy and to aid in the planning of any further treatments

HNO. 2013 Nov;61(11):944-57.

10. Soft Tissue Fillers in Rhinoplasty.

[Kurkjian TJ](#), [Ahmad J](#), [Rohrich RJ](#).

Abstract



Pan Arab Rhinology Society **PARS Reader's Digest**



Soft tissue fillers have been applied throughout the face, however, the literature has largely ignored the injection of fillers into the nasal anatomy. This special topic article reviews proper filler choice and injection technique for the nose based on the senior author's (R.J.R.) experience. Discussion includes indications for soft tissue filler injection into the nose as well as specific technical pearls based on filler material, anatomic area and potential complications .

Plast Reconstr Surg. 2013 Oct 21