

Septorhinoplasty Before Puberty

Essay

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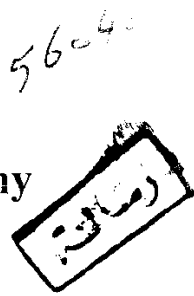
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بسم الله الرحمن الرحيم

قالوا سبحانك لا علم
لنا إلا ما علمتنا إنك
أنت العليم الحكيم

صدق الله العظيم

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Chapter I

Introduction

Introduction

The nose is by far the most important aesthetic complex of the face. Neither appearance nor function is expendable, and both should be considered together when nasal surgery is planned (Numanoglu, 1996). The fear of destroying an anticipated growth center has, with time, induced the postponement of nasal septal operations until adulthood. Underdevelopment of the nose and middle face is otherwise believed to be the long term result (Freng and Haye, 1985).

However review of the literature reveals that many of the authors nowadays consider that the taboo on this sort of surgery would seem to have passed (Triglia, et al; 1990).

There are two approaches for septorhinoplasty, the endonasal approach which allows precise and limited excision of the deviated cartilage and portions of the maxillary crest and vomer as appropriate and hence it is usually used in cases of septal deviations that is posterior to the anterior nasal spine, deviations of the nasal septum anterior to the line from the anterior nasal spine to the anterior aspects of the nasal bones require the external approach to permit mobilization and complete excision of the quadrilateral cartilage (Vuyke & Kalter, 1992).

Septorhinoplasty in children presents a challenge in our specialty for three reasons:

First, the unfortunate consequences of nasal obstruction are well known visa-vis the inferior airways, aural pathology, the morphology of the nose, and nasal growth. This means early surgical intervention especially since, as a rule, septal deviation worsens with growth (Crysdale and Tatham, 1985).

Introduction and aim of the work

Second, the septum is an element in facial growth. It plays an important role in the projection of the base of the nose, the bones themselves, and in premaxillary development. Given the possibility of interfering with nasal growth and causing secondary nasomaxillary malformations, it would be logical to wait until facial growth is completed before performing septorhinoplasty (Triglia, et al; 1990).

Third, the narrowness of the nostril presents certain technical difficulties if one wishes to deal with all of the deformities with sufficient view of the three principal areas of a septorhinoplasty: the anterior nasal spine, the septotriangular vault and the junction areas of the lower and posterior parts of the septum. The external approach therefore permits the surgeon to operate with a maximum of ease and security (Jugo, 1987).

Aim of the work: The aim of this work is to review the literature discussing:

- Possible indications and limitations of septorhinoplasty in children.
- Procedures recommended, possible techniques as well as complications.

Chapter II

***Developmental
anatomy***

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