Efficacy of Submucosal Diathermy in Inferior Turbinate Hypertrophy

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Objective: To evaluate the efficacy of submucosal diathermy in inferior turbinate hypertrophy.

Setting: ENT Outpatient clinic.

Design: Prospective study.

Method: During four years (from May 2007 to April 2011), eighteen patients with inferior turbinate hypertrophy were diagnosed and scheduled for submucosal diathermy (SMD). Before surgery, each patient has to pass the decongestant test. Under local anesthesia the turbinate were cauterized at 4-5 spotted areas of the turbinate using a monopolar with an isolated needle. Patients were followed-up for one year.

Result: Eighteen patients, 15 males and 3 females with a mean age of 34 year were included in this study. Fourteen had bilateral and 4 unilateral turbinate hypertrophy. Their main complaint was chronic nasal obstruction. The possible etiologies were vasomotor rhinitis, allergic rhinitis, idiopathic rhinitis or compensatory hypertrophy due to septal deviation. All patients underwent SMD under local anesthesia. Fifteen patients showed excellent improvement after one month of follow-up. Three patients with compensatory hypertrophy showed little improvement and they underwent a septal corrective surgery. Mean follow-up was 6.5 months.

Conclusion: SMD is an effective technique to reduce turbinate hypertrophy. It is safe and has long-term positive outcome.

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Chronic nasal obstruction resulting from inferior turbinate hypertrophy is a common subjective complaint encountered in the practice of rhinology. Allergic rhinitis, vasomotor rhinitis, idiopathic rhinitis and compensatory hypertrophy due to septal deviation are the most common causes for the inferior turbinate hypertrophy1,2.

Conservative therapy including nasal spray, systemic decongestants, antihistamine and allergic desensitization have been tried, but they were often ineffective and of short duration3,4. Desensitization, in selected cases have long lasting effect, up to 10 years. Surgery is suggested to provide adequate relief to the patients. Various reduction techniques have been tried to improve the nasal airways such as radio frequency coblation, ultrasound, LASER cauterity and monopolar submucosal diathermy5-8.

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