

OUTCOME EVALUATION OF THE USAGE OF INTRANASAL SPLINTING VERSUS THE NON-USAGE IN SEPTOTURBINOPLASTY - PROSPECTIVE STUDY

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Results

Table (1): Comparison between the two studied groups according to different parameters after ten days

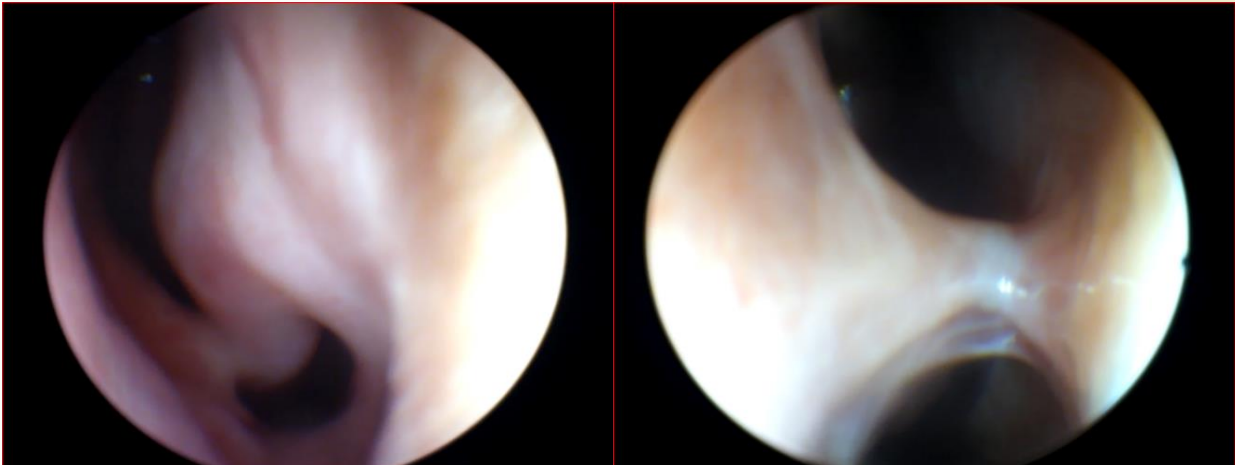
At 10 days	Group A (n = 25)		Group B (n = 25)		c²	p
	No.	%	No.	%		
Intranasal Synechiae	0	0.0	1	4.0	1.020	FEp=1.000
Crustations	4	16.0	16	64.0	12.0*	0.001*
Epistaxis	1	4.0	2	8.0	0.355	FEp=1.000
Septal Hematoma Formation	0	0.0	0	0.0	-	-

Table (2): Comparison between the two studied groups according to Intranasal Synechiae after 6 weeks

	Group A (n = 25)		Group B (n = 25)		c²	p
	No.	%	No.	%		
Intranasal Synechiae after 6 weeks	0	0.0	7	28.0	8.140*	FEp=0.010*

Table (3): Comparison between the two studied groups according to nasal obstruction

Nasal obstruction	Group A (n = 25)	Group B (n = 25)	U	p
Preoperative				
Min. – Max.	45.0 – 95.0	60.0 – 90.0	225.0	0.085
Mean ± SD.	72.40 ± 14.51	79.40 ± 9.17		
Median (IQR)	70.0 (60.0 – 85.0)	80.0 (75.0 – 85.0)		
Postoperative (Day 10)				
Min. – Max.	0.0 – 15.0	0.0 – 45.0	193.50*	0.016*
Mean ± SD.	3.60 ± 4.68	12.40 ± 14.30		
Median (IQR)	0.0 (0.0 – 5.0)	5.0 (0.0 – 15.0)		
Postoperative (week 6)				
Min. – Max.	0.0 – 5.0	0.0 – 55.0	222.0*	0.047*
Mean ± SD.	1.60 ± 2.38	10.80 ± 17.18		
Median (IQR)	0.0 (0.0 – 5.0)	5.0 (0.0 –10.0)		



A B

Fig. (1) : A, B) Endoscopic view of 2 different cases of group (B) six weeks after septoplasty with intranasal adhesions.

Conclusion

The use of silicone intranasal splints was well tolerated by the patients, with minimal negative impact on postoperative comfort. Additionally, the use of intranasal splints was associated with a reduction in mucosal crusting and synechiae. The use of silicone splints appears to be a reliable, effective, and well-tolerated method, particularly beneficial for patients with extensive mucosal damage or those requiring sustained stabilization of the bony and cartilaginous parts septum. Adhesion formation was found to be more common when septoplasty was combined with turbinate surgery; thus, the use of intranasal splints is recommended in such cases.