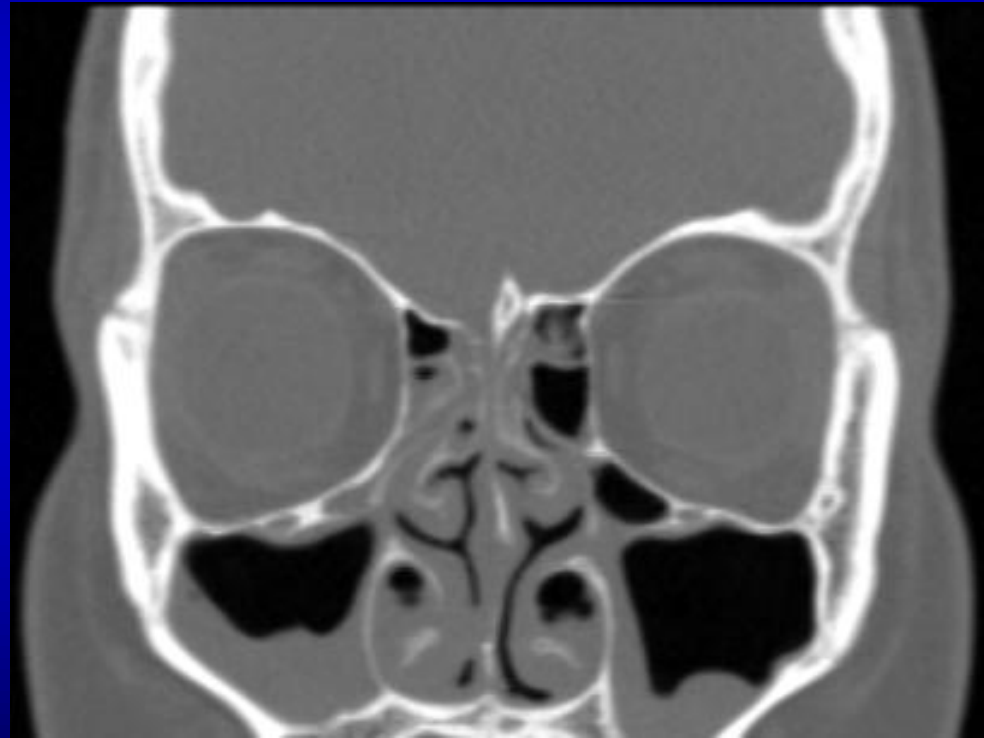




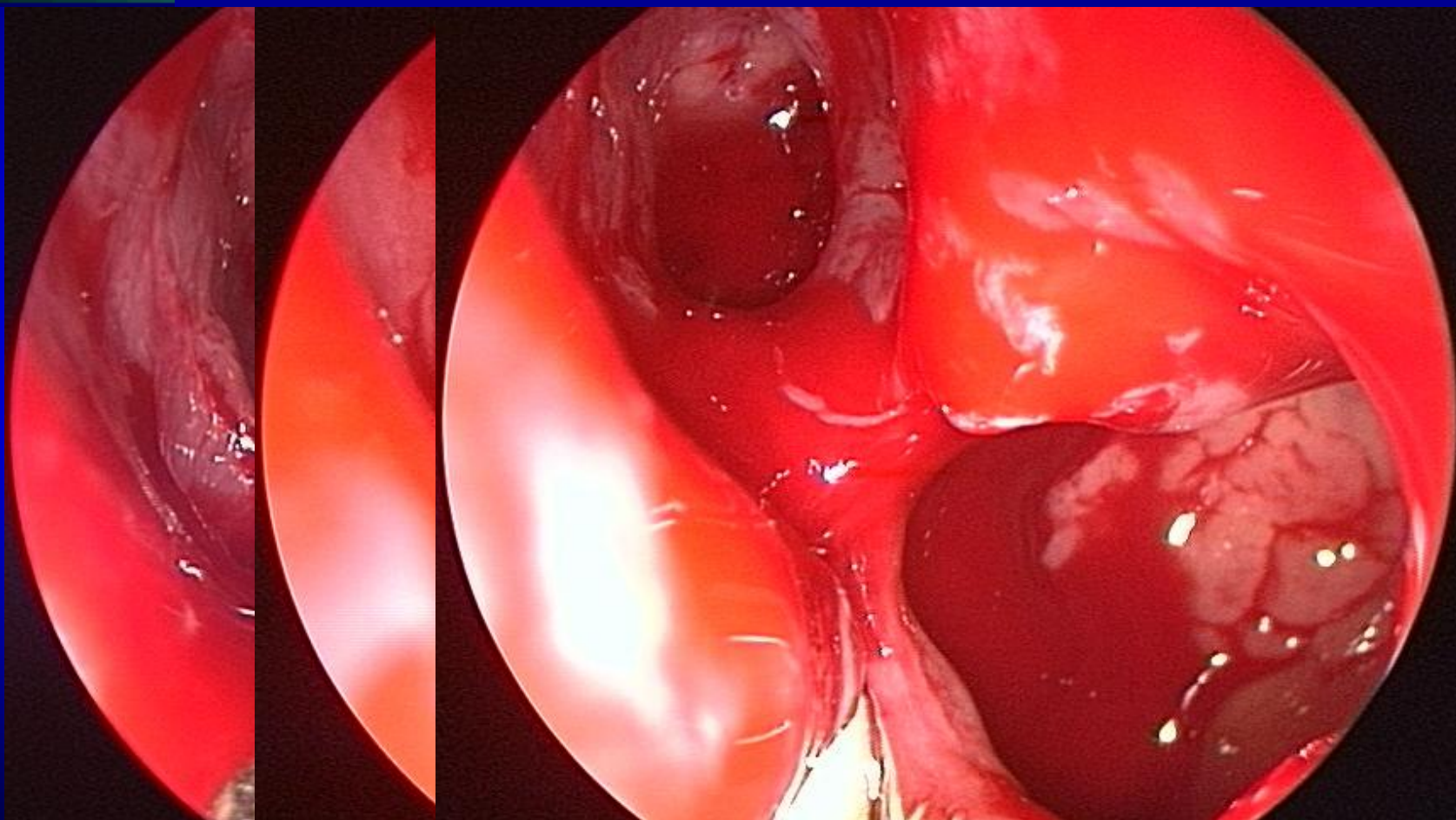
Paradoxical Middle Turbinates

- Usually do not have to be addressed
- If do need to be addressed
 - ✓ Resect only the paradoxical segment





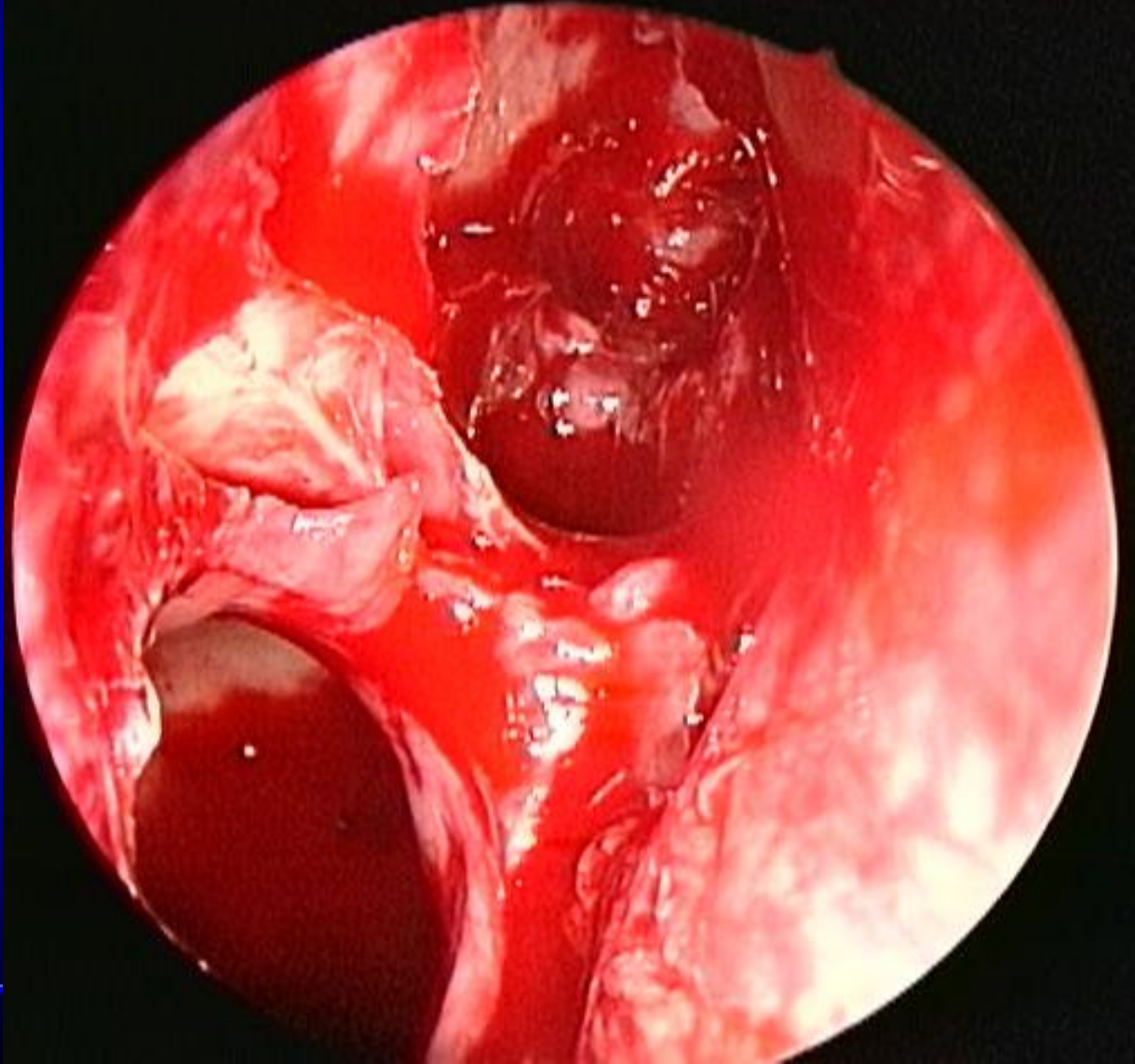
Incomplete uncinectomy





Avoid Mucosal Stripping

Enter maxillary sinus with small instruments to avoid stripping mucosa off of posterior wall of sinus



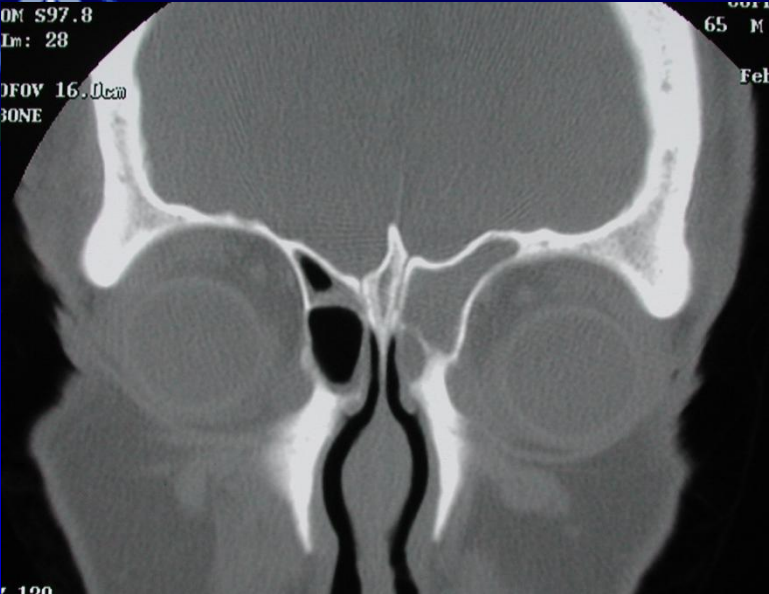
Agger Nasi

OM S97.8
Im: 28

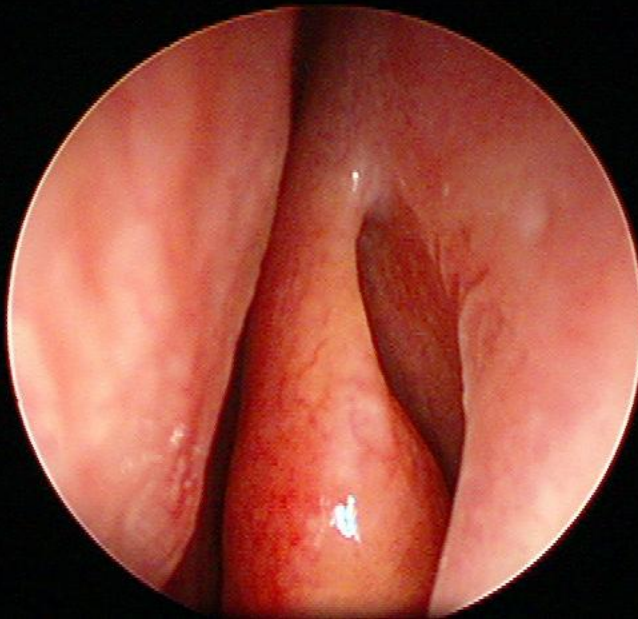
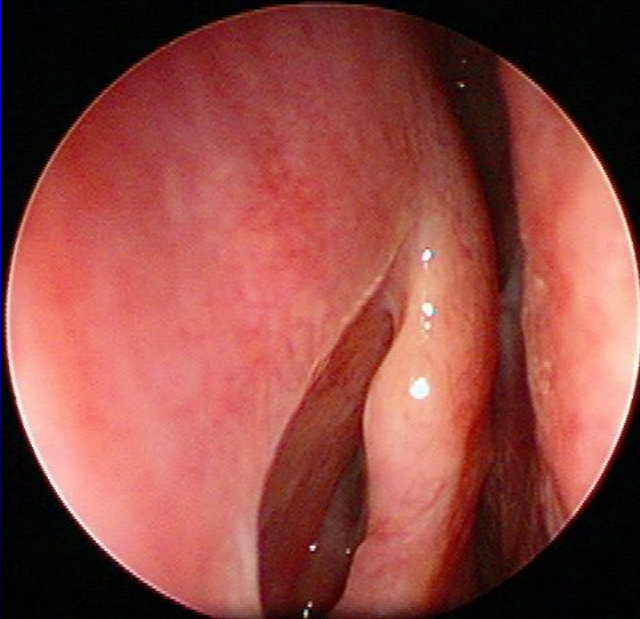
FOV 16.0cm
BONE

65 M

Fel



- Endoscopically appears as bulge anterior to attachment of middle turbinate
- The larger the cell the narrower the attachment angle of the middle turbinate

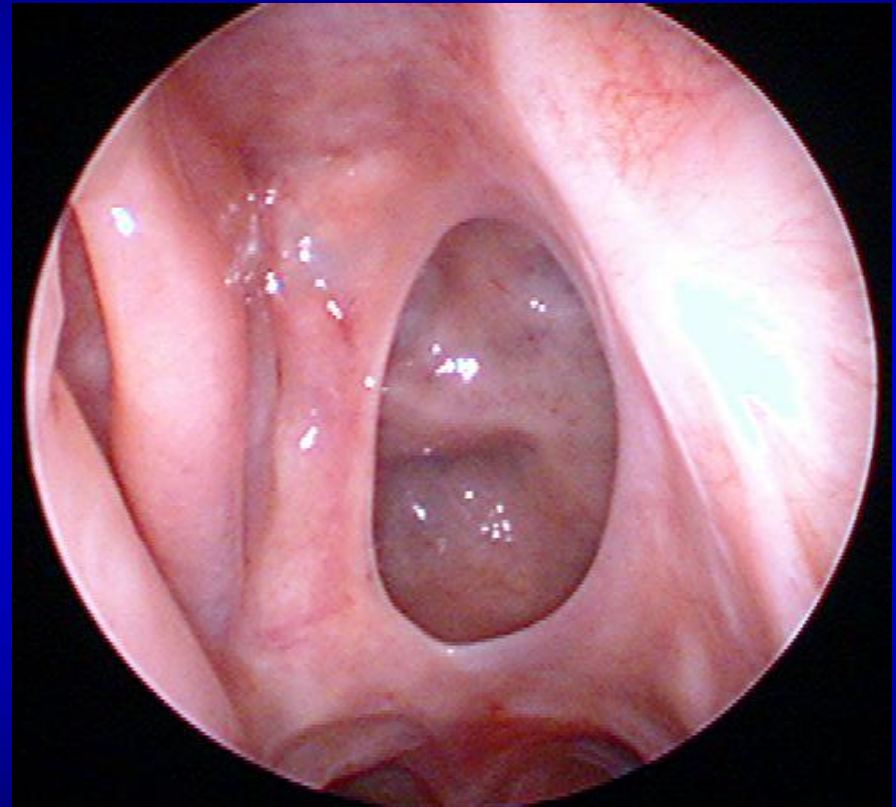




Sphenoidotomy

Identifying Superior Turbinate

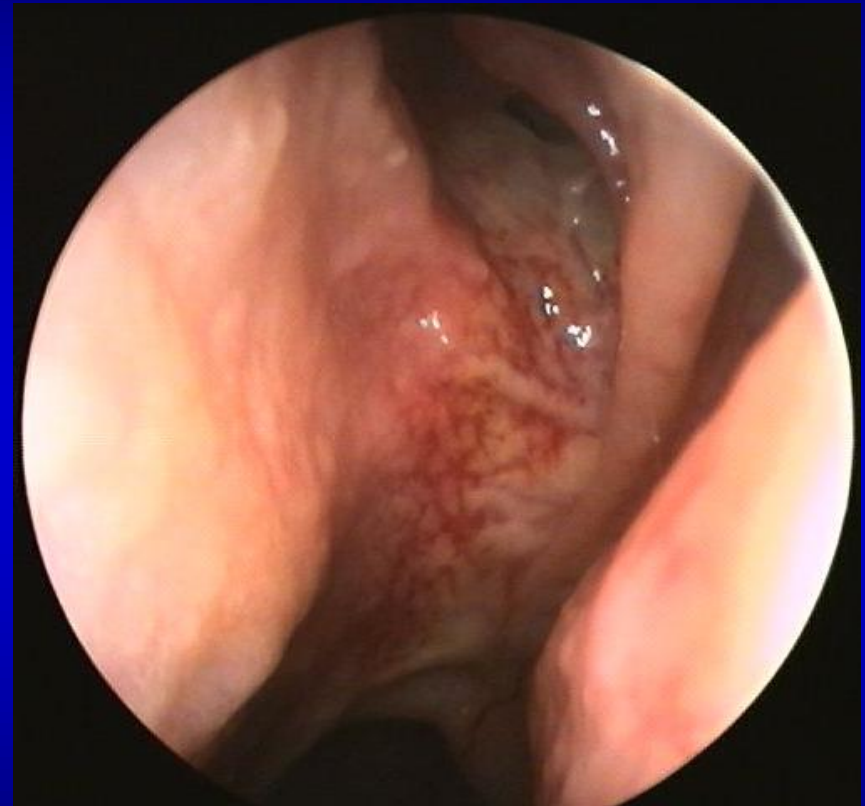
- Consistent anatomy
 - ✓ Superior and posterior to middle turbinate
 - ✓ Common attachment to skull base with MT
- Is the most reliable landmark for the natural ostium of the sphenoid sinus





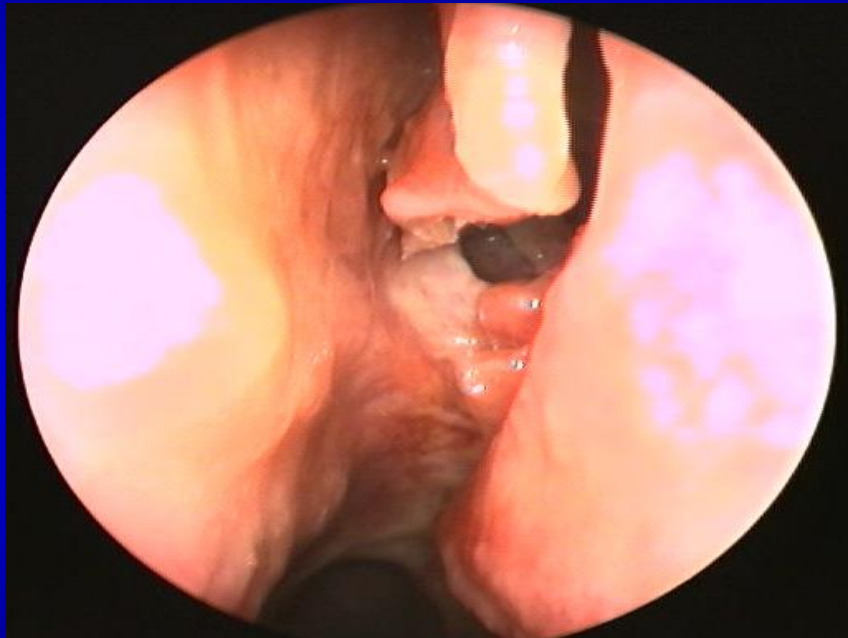
Natural Ostium

- 2-3 mm diameter
- 1-1.5 cm above floor of sinus
- @ 7 cm at 30 degree angle from anterior nasal spine



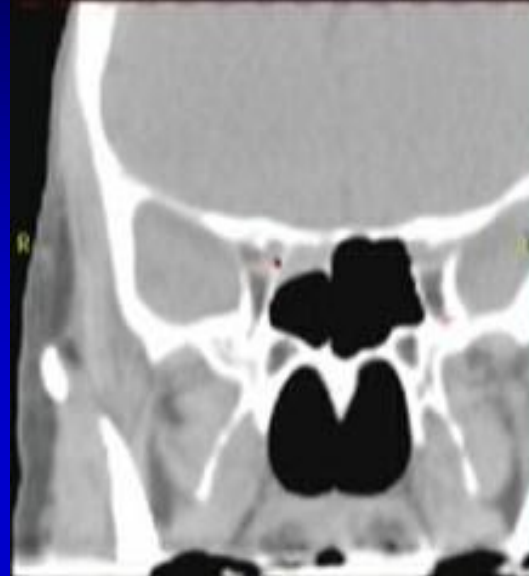


Trans-nasal Sphenoidotomy

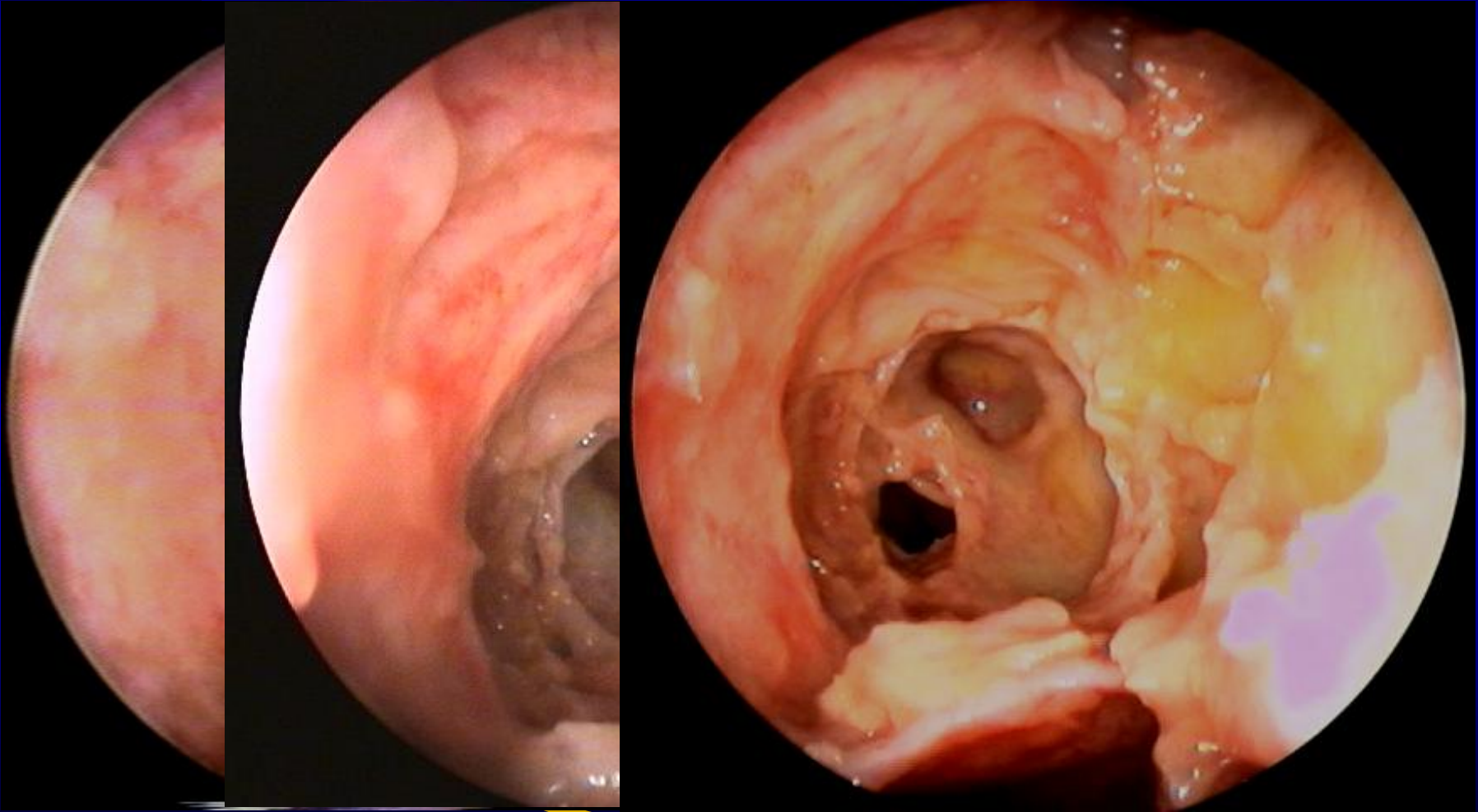


Sphenoethmoid Cell

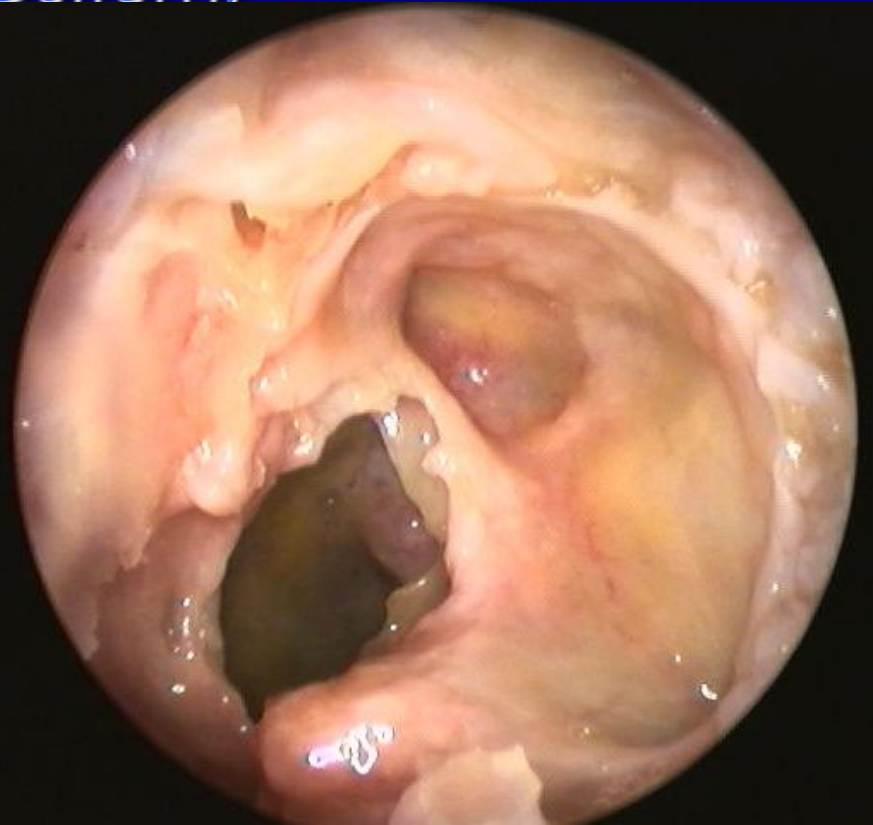
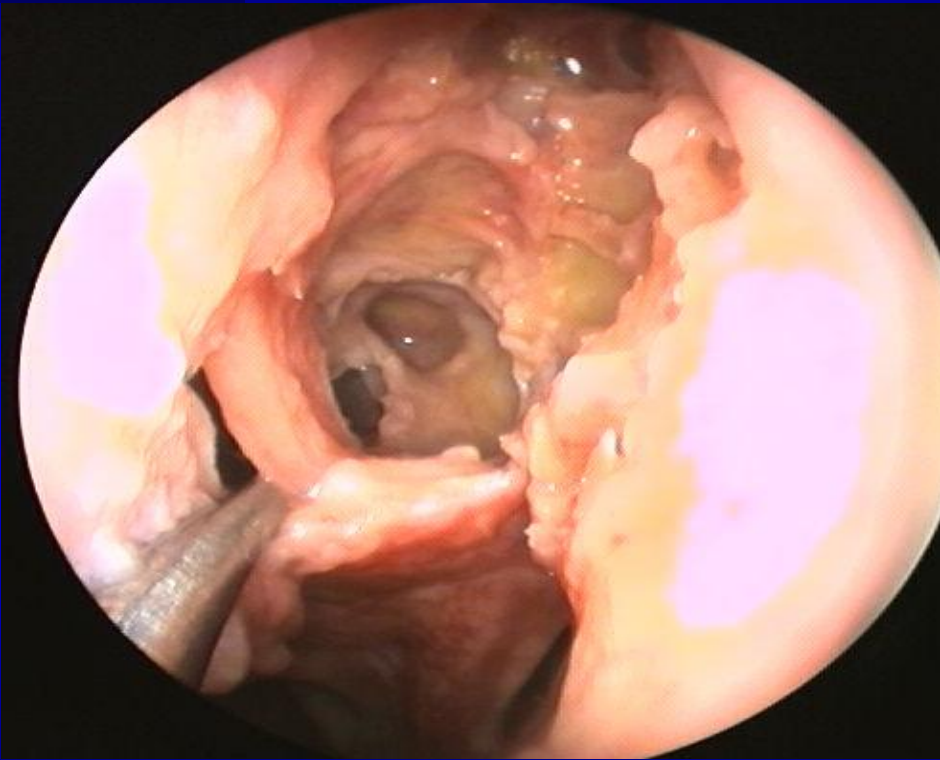
- posterior ethmoid cell located within sphenoid bone
- located superior and/or lateral to sphenoid sinus
- can be mistaken for sphenoid sinus



Sphenoethmoid Cell



Trans-Ethmoid Sphenoidotomy (Natural Ostium)

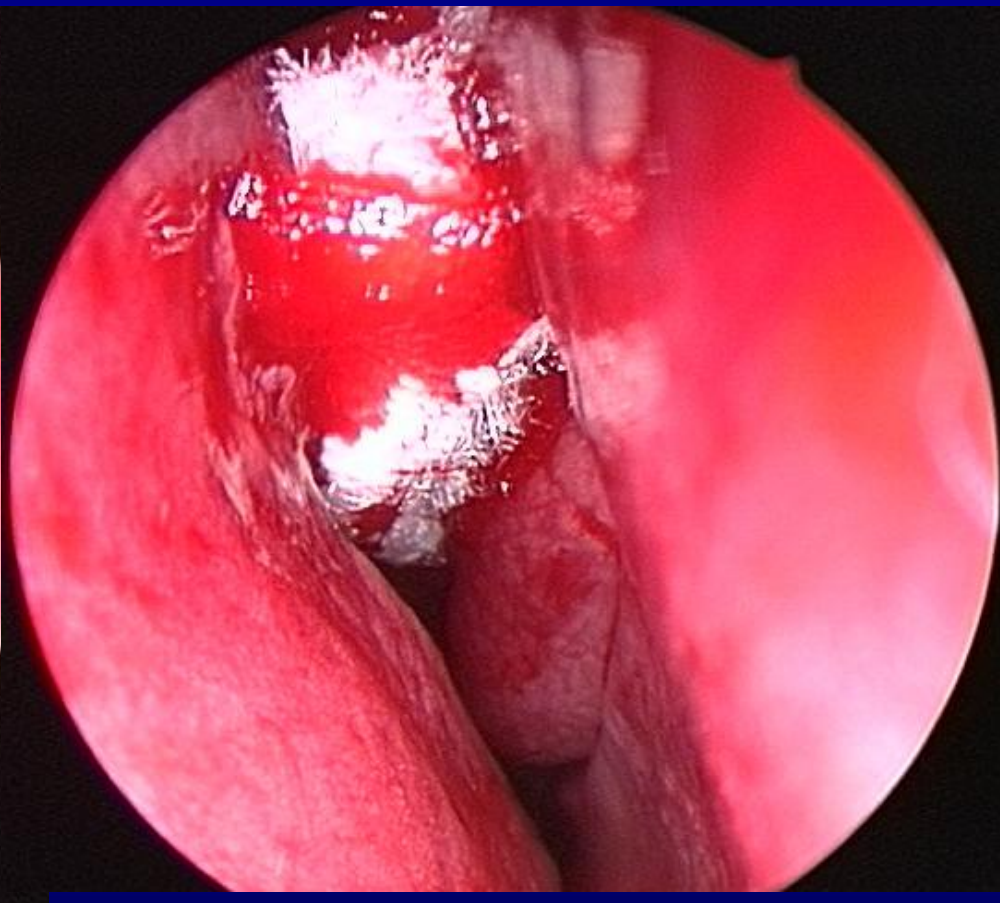
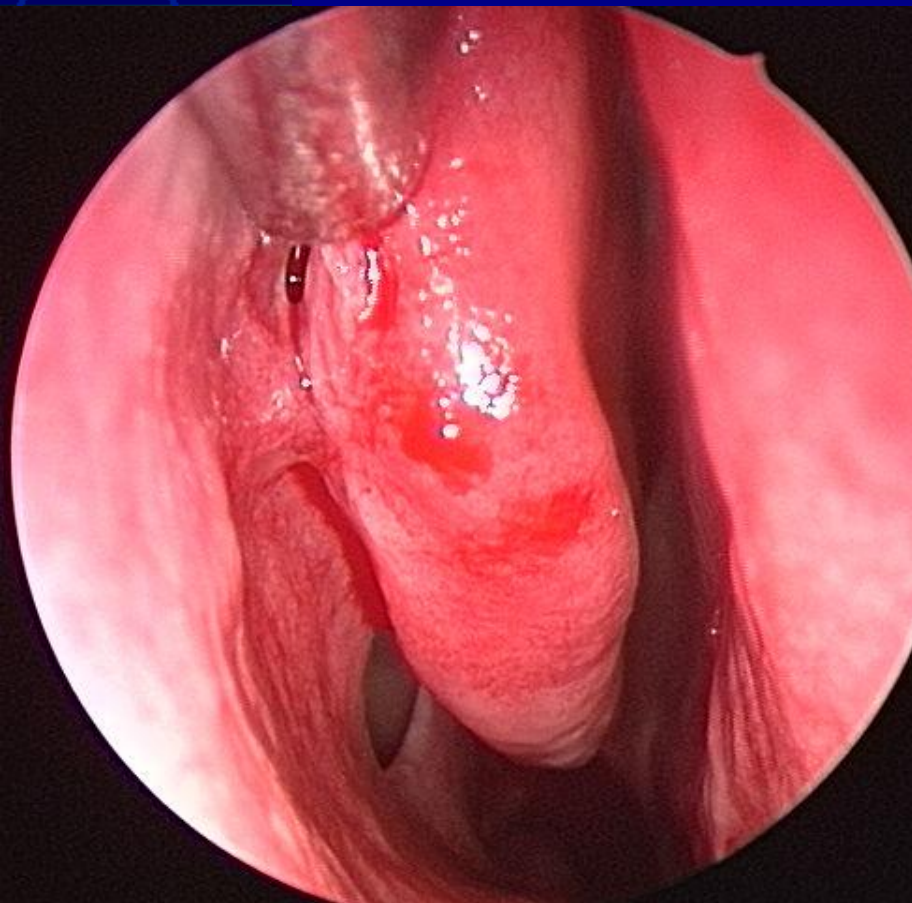


u Remove inferior part of superior turbinate to identify natural ostium

EMORY HEALTHCARE



Post-operative care



Prevent synechiae and middle turbinate lateralization

EMORY HEALTHCARE



Conclusions

- Obtain adequate access
- Tailor degree of surgery to extent of disease
- Mucosal preservation
- Minimally traumatic technique
 - ✓ Appropriate instrumentation
- Thorough postoperative care
 - ✓ Debridement, lyse synechia