

# Horizontal dorsal resection of a crooked septum in septoplasty

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## Abstract

**Objective:** There are several types of septal deviation, including horizontal, vertical, C-shaped, S-shaped, and high deviation. One of the most difficult of these types to correct is the crooked dorsal septum, which attaches to the upper lateral cartilage and causes a high septal deviation. We propose a method for horizontal dorsal resection of a crooked septum using a mucosal through-and-through suture technique for the correction of high septal deviation. **Design and setting:** The medical records of 30 patients (27 men) who underwent septoplasty by one author of this study from 2019 to 2020 at our institute were reviewed prospectively. The median follow-up was 11 months (range, 4–16 months). All patients underwent a horizontal dorsal septal cartilaginous resection with mucosal through-and-through suture. Data were collected on demographics, symptoms, anatomic site of deviation, and postoperative complications. Patient self-satisfaction scores were subjectively graded using a visual analog scale ranging from 0 (excellent) to 10 (poor). **Results:** One surgeon performed each septoplasty using the same method; 2 (6.7%) patients underwent additional valvuloplasty. The median scores in subjective satisfaction for the 30 patients were  $8.4 \pm 1.22$  before surgery and  $2.07 \pm 1.26$  after surgery ( $p < 0.05$ ). Furthermore, no patient experienced a saddle deformity, septal hematoma, septal perforation, or loss of nasal tip support during follow-up. **Conclusions:** After horizontal dorsal resection from the upper lateral cartilage during septoplasty, the patients experienced no stability problems. This suggests that this surgical technique is a safe and effective method for correcting high deviation due to a crooked dorsal septum.

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