

Inferior Meatus Mucosal Flap

Inferior Meatus Mucosal Flap for [Septal Reconstruction](#) and [Resurfacing](#) After [Nasoseptal Flap Harvest](#)

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src='players.brightcove.net/656326989001/default_default/index.html?videoid=6184035532001'

allowfullscreen frameborder=0></iframe></html> — In 2017, a study presented a technique for

sellar reconstruction with free mucosal [graft](#) from the [nasal cavity](#) floor including [inferior meatus](#) mucosa. This technique aimed to standardize [sellar reconstruction](#) without the use of the [nasoseptal flap](#) and to keep the advantage of mucosal coverage of the defect in all cases. Fifty consecutive patients who had endoscopic surgery for pituitary tumors and reconstruction with nasal cavity floor free mucosal graft were retrospectively reviewed. There were a total of 50 patients with postoperative follow-up from 3 to 16 months. Collagen dural graft was used inlay and free mucosal graft overlay to cover the sellar defect. No fat grafts or lumbar drains were used. A Sinonasal Outcome Test-22 (SNOT-22) was performed before, 1 and 3 months after surgery. There were 40% detected intraoperative leaks and no postoperative leaks. Nasal endoscopy performed at 1 month follow-up showed complete healing of the graft to the skull base and near total or complete mucosalization of the donor site. No significant difference was found in the SNOT-22 comparing the total preoperative and 1-month scores. The nasal cavity floor free mucosal graft is an easy and safe technique, with minimal nasal morbidity. There were no postoperative cerebrospinal fluid leaks, despite aggressive tumor resection. No lumbar drains or fat graft were used. The harvest of mucosal graft does not worsen the quality of life measured with the SNOT-22 test ²⁾. — Increasing [indications](#) for [endoscopic endonasal approaches](#) have led neurosurgeons to develop new [reconstruction](#) techniques for larger [skull base defects](#). Vascularized [grafts](#) have been a great adjunction to reduce the rate of [cerebrospinal fluid leak](#) and can also be used to cover exposed critical structures such as the [internal carotid artery](#). The [nasoseptal flap](#) and the inferior or [middle turbinate flap](#) are thus widely used in endoscopic skull base surgery, but may be insufficient for very large defects. Boetto et al. presented a new [mucosal flap](#) used to cover large [skull base defects](#) in which the mucosa of the [inferior turbinate](#), [inferior meatus](#), [nasal floor](#), and [nasal septum](#) is harvested in 1 piece keeping both vascular pedicles intact (inferior turbinate and septal arteries). They described the surgical [technique](#) to harvest a combined inferior turbinate-nasoseptal flap. Technical pearls and surgical pitfalls are described through 2 clinical cases in which the nasoseptal mucosa was partially damaged during a previous surgery, rendering the nasoseptal flap insufficient by itself. The flap is harvested thanks to 2 mucosal cuts: a first circular cut around the choanal arch and the junction between the hard and the soft palate, and a second one combining classical cuts of the nasoseptal flap and the inferior turbinate flap. The inferior turbinate-nasoseptal flap can be a useful alternative in patients whose septal mucosa was partially damaged and/or with very large postoperative skull base defects ³⁾. =====
References =====

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Ruffner R, Pereira MC, Patel V, Peris-Celda M, Pinheiro-Neto CD. Inferior Meatus Mucosal Flap for Septal Reconstruction and Resurfacing After Nasoseptal Flap Harvest [published online ahead of print, 2020 Sep 1]. Laryngoscope. 2020;10.1002/lary.29029. doi:10.1002/lary.29029

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Boetto J, Labidi M, Watanabe K, et al. Combined Nasoseptal and Inferior Turbinate Flap for

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