

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 ¹⁾.

¹⁾

Boetto J, Labidi M, Watanabe K, et al. Combined Nasoseptal and Inferior Turbinate Flap for Reconstruction of Large Skull Base Defect After Expanded Endonasal Approach: Operative Technique. Oper Neurosurg (Hagerstown). 2019;16(1):45-52. doi:10.1093/ons/opy046

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