

**SOMNOPLASTY VERSUS CONVENTIONAL INFERIOR
TURBINECTOMY-EXPERIENCED IN GOVERNMENT TERTIARY
CARE AND PRIVATE HOSPITALS**

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ABSTRACT

The inferior turbinate plays an important role in normal physiology contributing for regulation of nasal air flow as well as warming and humidification of inspired air. Hypertrophy of inferior turbinate's results in nasal obstruction. The various methods are available for surgical treatment of hypertrophic inferior turbinate. Most of the turbinate resection techniques results for destruction of the mucosa. The main proximity of the research gap was documented a limited study availed Indian perspectives in this area we study and compare the inferior turbinoplasty with microdebrider with conventional partialinferior turbinactomy with clinical subjective for the improvement of nasal obstructions. The patients with nasal obstruction on hypertrophied inferior turbinate's purposively divided in to two groups of 30 patients in each. The Inferior turbinate size was graded as graded I and it was occupied less than one third of nasal cavity. Similarly in grade II represented more than one third of the nasal cavity. The one group was done at conventional partial inferior tubinectomy and remaining group was done with microdebrider as assisted with tubinoplasty. The inraopertaive and post operative bleeding was graded (0-10) by the visualization methods. The patients were follow up event was carried out for the successive period of one weeks, one month, three months and six months respectively.

The clinical improvement in nasal obstruction was equated for both groups. In case of CPIT group intra operative bleeding was 66.66% (Grade II) grade III was 10.0% respectively. The majority of the patients was apparently there were expressed grade II blood loss (bleeding). In case of post operative bleeding (at the time of pack removal) the grade I recorded was 60%; grade II was 36.66% and grade III was 3.0% respectively. As in case of MAT group the inraopertaive blood loss was recorded in grade II. Majority of the patients was 46.0% graded I and similar comparable group was expressed 40% variations observed in postoperative blood loss. The blood loss was very less in case of grade I. Over the period of six months follow up 6.66% was developed crusting as in case of CPIT groups, the complications were not been encountered in MAT groups accordingly.

The present study results suggests that, for both surgical intervention groups will makes an equally efficient for relieving different nasal obstructions. Somnoplasty versus could be assisted inferior turbinoplasty for prior preservation of mucosa of nasal physiology. The study filled the gap for declined the instance of development of multiple complications and euphoric changes were made by turbinoplasty.

KEYWORDS: *Inferior Turbinactomy, Somnoplasty, Postoperative MAT*

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