The Replacing of Cartilage in the Acute Phase of Septal Abscess by Polyethylene

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The usual treatment of a septal abscess consists in incision and drainage. A good cosmetic result, however, is only to be expected when no cartilage necrosis has arisen, and this arises very easily. The nose then loses its support. Saddling of the nose does not develop directly, but after a couple of weeks. It is caused by cicatrization. The forces that hereby arise have free play when the cartilage has disappeared (Mills). To prevent a disfigurement, the cartilage would therefore have to be replaced by some other supporting material.

For this we use Polystan, a polyethylene plastic (Ferrosan, Copenhagen, Denmark). In the treatment of ozaena, which is operated from the nasal vestibulum, it has already been demonstrated in 6 patients that Polystan (prepared as bars and strips of sponge) can also be tolerated in an infected area (Mayer).

The advantages of this plastic are:

- It cannot be absorbed,
- it is well tolerated by the organism,
- it is easy to carve,
- it is moderately elastic,
- it is easily sterilized by boiling.

The following example shows the good results that may be obtained with this material in the treatment of a septal abscess.

A boy of sixteen was referred to us because of an enormous septal abscess. The puffed-up mucous membrane protruded out the nostrils on either side.

After incision in the passage of the mucous membrane into the skin on the left side, fetid pus was forcibly ejected. The cartilage appeared to be entirely destroyed and of the perichondrium only a little bit was to be seen on the back and the bottom of the abscess.

To prevent the saddling of the external nose, a 2 mm. thick

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sheet of Polystan was implanted. This was perforated in several places to facilitate ingrowth.

At the back it was supported by the intact osseous perpendicular plate and the vomer. The size was fitted so that it gave a distinctly palpable support under the external nose.

At the back on the right side also a contra-incision was made, which just as the incision front-left felt outside the implant.

With a tampon the mucous membrane was kept fixed against the plastic sheet on either side for two days. The patient received moreover antibiotic treatment.

Two days after removal of the tampons, some serous fluid had to be tapped. Already after seven days a complete cure could be stated.

Conclusion. If in case of a septal abscess the cartilage has become necrotic, one should not wait for the cosmetic result. By replacing the destroyed cartilage by an implant of Polystan, the risk of a nose disfigurement is prevented.

References.

Mills

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