

# Symposium: surgery of the lateral nasal wall

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## INTRODUCTION

IF this second symposium of the 6th Congress of the European Rhinologic Society is dealing primarily with the "Surgery of the lateral nasal wall", this should not be seen in opposition to the "medial nasal wall" — the nasal septum — but more, as an expansion of our rhinological viewpoint.

The lateral nasal wall appears particularly well-suited for this purpose, as it not only creates the interconnection to the sinuses which complement and extend the nasal cavity, but through its differentiated morphological structure, also assumes a series of functional purposes which, in turn can cause a great variety of disorders. The lateral nasal wall begins with the lateral cartilage and its infrastructure including from a functional standpoint, Mink's nasal atrial valve. Thus, the lateral nasal wall includes the large erectile body thereby attaining its significance in the problematics of allergic vasomotor rhinopathies. Its morphologic structure presents a duct system serving as a channel for the air, mucosal and vibratory currents. Finally, the tear ducts enter the lateral nasal wall which also extends to the tuba auditiva, thus connecting the nasal cavity to the auditory organ.

The use of more powerful optical instruments has made more precise diagnostics possible in modern rhinology in a manner similar to otology. Use of the operation microscope has lead us more and more away from radical and frequently functionally disturbing surgery in the nasal cavity and its sinuses.

The goal of this Symposium is to demonstrate these developing trends in modern rhinology and to report appropriate methods. The themes of the symposium give special consideration to endoscopic diagnostics in the region of the lateral nasal wall (Messerklinger, Graz) and the use of the operating microscope in rhinosurgical procedures (Masing, Erlangen); the question of functionally maintaining sinus surgery is discussed (Kortekangas, Turku) as are problems in the surgery of the conchae (Legler, Mannheim), which once again delves into the complex of allergovasomotor rhinopathias and will be continued in another symposium of this sixth congress.

The surgery of atrophic rhinitis and ozena also falls within the scope of "surgery of the lateral nasal wall" and is for this reason discussed in this symposium (Huizing, Leiden). Patho-physiological observations with relation to function as demonstrated, for example, in model flow experiments are the basis for a suitable functional surgical therapy of ozena. Finally, anatomical defects of the

nasal lateral wall require plastic-reconstructive measures which should not only be planned with respect to cosmetic-aesthetic considerations, but also, if possible, should take the restoration of function into consideration (Haas, Karlsruhe).

Rhinologic function research and functional rhinosurgery — in which the main stay (septum) has been intimately connected to the names of H. A. E. van Dishoeck and Maurice H. Cottle — must increasingly include the lateral nasal wall in their considerations if the nose is to be better understood as an organ. This symposium should give a further impetus in this direction.