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9-2022

Utility of Radiofrequency Treatment of the Internal Nasal Valve Status Post Rhinoplasty: A Salvage Technique

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preoperative planning. After dynamic nerve transfers were successfully performed, patients exhibited stability and even slight improvement in muscle bulk. Gracilis free muscle transfer was typically performed in patients with severe muscular asymmetry.

Conclusion: Timing of facial reanimation in patients with facial paralysis is a topic of frequent discussion. Facial MRIs evaluated using this preoperative, qualitative assessment system represents a useful tool in the surgical evaluation of patients and potential improvement of muscular function.

Utility of Radiofrequency Treatment of the Internal Nasal Valve Status Post Rhinoplasty: A Salvage Technique

Jake Sims, DO, Andrew M. Compton, MD

Introduction: The goal of this study is to evaluate the efficacy of using radiofrequency treatment (Vivaer; Aerin Medical, Inc) to the internal nasal valves in those patients that have undergone previous (septo)rhinoplasty and are still experiencing (moderate-to-extreme) nasal obstruction as measured by the Nasal Obstructive Symptom Evaluation (NOSE) Score.

Method: This is a retrospective chart review from July 1, 2018, to December 31, 2021, of patients from the electronic medical record of a single facial plastic surgeon. Chart review was performed for adult patients that had previous rhinoplasty and have subsequently undergone radiofrequency treatment of the internal nasal valves. In this study, radiofrequency treatment after rhinoplasty has been utilized as a technique to help patients with persistent nasal obstruction despite previous (septo)rhinoplasty and would otherwise have had to return to the operative suite for internal nasal valve revision surgery. Pre-Vivaer and post-Vivaer NOSE scores have been captured for these patients to monitor the benefit of radiofrequency ablation in this patient population. Preliminary analyses of the data have shown significant benefit of radiofrequency ablation and prevented revision surgery in all eligible candidates.

Results: The patients selected for this treatment intervention have evidence of internal nasal valve collapse on physical examination as well as persistently elevated NOSE scores. This cohort of patients would have benefited from revision (septo)rhinoplasty to correct persistent internal nasal valve stenosis, but there has been significant improvement in NOSE scores with these patients after using radiofrequency treatment as a salvage technique. This technique has been performed in approximately 9 patients, and it has prevented revision surgery in all enrolled.

Conclusion: The use of radiofrequency ablation for patients that have persistent internal nasal valve stenosis after (septo)rhinoplasty has a valuable role in improving patient symptoms and preventing the morbidity of returning to the operating room for revision surgery.

Vascular Pedicle Ossification Following Fibular Free Flap Reconstruction

Zoey E. Morton, Daniel J. Spangler, W. Walsh Thomas, MD, Paul L. Davis, MD, Robert O. Brown, MD

Introduction: Vascular pedicle ossification (VPO) is an uncommon complication of fibular free flap (FFF) reconstruction that has a range of effects on patients, from being asymptomatic to being significantly debilitating and requiring additional operations. This study describes a case of symptomatic VPO and evaluates for asymptomatic VPO within a series of FFF patients.

Method: This study retrospectively investigates patients who had successful FFF reconstruction at a single tertiary medical center from April to December 2021 and had available postoperative computed tomography imaging. We evaluated imaging for the presence of VPO and documented the presence of any symptoms associated with VPO including a hard mass in the submandibular space, pain, and trismus.

Results: Of the 4 FFF patients included in this study, 2 patients incurred VPO (50%). One patient had symptomatic VPO (25%), with the only symptom being a palpable mass; the other patient was asymptomatic. Neither patient had other significant complications or issues related to FFF failure. Further surgical intervention to resect the ossified pedicle was not pursued in either case. Results of the literature indicate that there is a high rate of asymptomatic VPO but a low rate of symptomatic VPO and even lower rate of surgical reintervention, which is consistent with our findings.

Conclusion: VPO is important to understand and assess for on postoperative imaging as symptomatic VPO can pose concern for tumor recurrence. Surgical resection of the ossified pedicle is only recommended if the patient is significantly symptomatic; surveillance of known VPO can be done based on the patient's symptoms. Due to the relatively high incidence of asymptomatic VPO cases, it is currently unclear if adjustment of the FFF harvest technique to avoid this complication is worth the risk of damage to the vascular pedicle.

Head and Neck Surgery Poster Presentations

CORRECTION: This poster presentation section has been revised and republished online to reflect a corrected Poster Presentations section page range with added abstracts. The original version was published online on September 1, 2022. The revised version was published online on December 16, 2022. See <https://journals.sagepub.com/doi/10.1177/01945998221134144> for more details.

Acinic Cell Carcinoma and the Factors Associated With Recurrence

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Introduction: Acinic cell carcinoma (ACC) is a rare salivary gland malignancy treated primarily with surgery, but debate persists regarding adjuvant therapy and management of the cN0 neck. The purpose of this cohort study is to describe and evaluate cohort outcomes including the effect of neck dissection and adjuvant radiotherapy.