

Reply

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Dear Editor,

I am thankful to Dr. Erkan A. for his interest and critical evaluation of our study published in *Eur Arch Otorhinolaryngology Journal* [1]. Erkan A. has mentioned that “the cases of concha bullosa with chronic sinusitis, we must choose the lateral lamella of the concha bullosa to open”. Medial half of the concha bullosa is preferable, especially in cases with chronic sinusitis, because synechia formation between the middle turbinate and lateral nasal wall is a common complication of endoscopic sinus surgery [2].

Although cases of concha bullosa are usually opened from the lateral portion, search for an alternative way came into consideration for two important reasons (bolgerysation [3] etc.):

Chronic sinusitis cases can develop synechia as a result of osteomeatal complex blockage and require revision. In bulbous middle turbinate surgery, lateral marsupialization of a concha bullosa may cause lateral synechia formation between the middle turbinate and lateral nasal wall. This

may lead to severe middle meatus problems and can obstruct the ethmoid cavity and maxillary sinus. In these cases you should open the medial part of concha bullosa and you may crush medially by the lateral part of middle turbinate. Protection of olfactory mucosa is another advantage of this alternative approach as emphasized in our article.

References

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