RHINOLOGY IN THE NEW MILLENNIUM

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Rhinology is most ancient of the medical specialties and the most important contribution in rhinology in the last Millennium was the reconstruction of the cut noses using cheek and forehead flaps. This originated and progressed on Indian soil, and subsequently created a lot of interest in rhinoplastic surgery in Europe and U.S.A. Reconstructive rhinoplasty paved the way for the development of corrective rhinoplasty which is now widely practised in our country.

Rhinology had been a neglected area in otorhinolaryngology in our country when septoplasty and corrective rhinoplastic surgery and later on endoscopic sinus surgery were introduced elsewhere. I also had to struggle hard to change the concept of submucous resection of the septum to septoplasty.

Nasal and sinus endoscopy and endoscopic sinus surgery is the most exciting development in rhinology. These procedures have radically changed the diagnostic and surgical aspects of nasal and sinus diseases. The rapid development of endoscopic methods in rhinologic surgery has been possible by the fiberoptic techniques and with high-quality video representation and computer-tomographic imaging. In rhinology, there has been a worldwide adoption of the endoscopic techniques in the management of sinus diseases. Endoscopic sinus surgery has passed through initial skepticism to fast spreading applications by the rhinologists. Apprehensions and concern have been expressed about these newly introduced procedures and about the skills, judgement and training of E. N. T. specialists in these techniques. The advantages of endoscopic sinus surgery are shorter hospitalization, less post-operative discomfort and faster recovery. The only limitations to start these procedures are that one has to learn anatomical landmarks and their variations to acquire perfect knowledge, proficiency and expertise. One can learn the techniques only on cadavers. The cost of instrumentation is also a major limiting factor.

Nasal and sinus endoscopy is a valuable diagnostic contribution in rhinology. Endoscopic sinus surgery (ESS) has also proved suitable for treatment not only of rhinologic and sinus disorders but also has been found useful for some ophthalmologic and neurosurgical conditions. When properly used, ESS causes much less morbidity than does treatment with older "conventional" surgical methods. Endoscopic sinus surgery has drawn the interest of many of our colleagues all over the country like Rhinoplastic surgery.

It is very encouraging to see, that, in most of the teaching centres, and even in private hospitals, our colleagues after participating in the courses and workshops in Rhinoplasty and endoscopic sinus surgery have started doing these procedures by themselves. With the availability of close circuit TV., video tapes, Compact Disks, and C. D. roms now, the teaching and learning have become much easier.

New developments in Rhinology are : In septal surgery the submucous septum resection has been almost abandoned and replaced by septoplasty. Rhinoplasty has become quite popular and is practiced more and more by E. N.T. surgeons. Turbinate surgery has been improved and is done more frequently. The Caldwell-Luc operation is carried out less frequently and is replaced by F.E.S.S. Endonasal anterior ethmoidectomy is often combined with infundibulotomy in order to restore drainage and ventilation through the middle meatus. Surgery of the frontal recess has been improved and is done more frequently to treat pathology in frontal sinuses. Surgery of the internal nasal valve is improved and practiced more often. Nasal endoscopy has now become routine O.P.D. procedure to diagnose early nasal and nasopharyngeal pathology. Laser surgery and radio frequency surgery is used for cases of snoring more frequently now. Powered instruments (microdebridors) and use of lasers have been introduced in E. S. S. Image guided navigational surgery in E. S. S. has been found more useful and increases the safety factors.

The Computer Video imaging systems which is a visual communication tool for the patient can be used for rhinoplasty or in fact for any cosmetic surgery. With this system, one can show to the patient in TV. monitor, how he or she will look like after rhinoplasty. The image guided 3D navigational surgery in endoscopic sinus surgery already introduced in western countries is yet to come in our country. However, the 3D C.T. reconstruction of nasofacial deformities is already available here.

India has turned its wheels of progress to enter the beginning of new millennium by opening its window to the rest of the world. We need a vision to grow and excel in medical fields in general and Rhinology in particular. Most of the rhinologic surgical procedures can be done under L.A. and one does not need sophisticated expensive instruments. Indigenously made very good quality surgical instruments are available in our country now.

It is heartening to observe that interest in Rhinology amongst residents and younger generation of E.N.T. surgeons is growing fast. The learning facilities in Rhinology is becoming easier due to increasing number of courses and workshops available in various centres of our country. I have seen youngsters and budding otorhinolaryngologists crystallizing their interest either in Otolaryngology or Rhinology or Head and Neck Oncology or Neurotology right from the beginning and now time has come that some of us will only be practicing in Rhinology.

At present we are not lagging behind in our country in most of the areas of Rhinology. We are second to none as far as Rhinology is concerned. Lets hope that India becomes the Mecca of Rhinology in this century.