

Short- term Results of Modified Endoscopic Lothrop Procedure: A Single- Centre Experience

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BACKGROUND

- Successful treatment of chronic frontal sinusitis requires complete access to the frontal sinus (1)
- The modified endoscopic Lothrop procedure described endoscopic resection of the upper nasal septum, the floor of the frontal sinuses and the interfrontal sinus septum to create a single channel for both frontal sinuses to drain into the nasal cavity (2,3)
- The outside- in approach to modified endoscopic Lothrop procedure was developed and popularized by Prof Richard Harvey (2)
- This approach has been shown to have lower morbidity rate by previous studies (1,2,3,4)

OBJECTIVE

This poster describes the initial learning curve of this new procedure as performed by an ENT surgeon, who has a rhinology fellowship but has not received formal training in this approach

Methods

1. Retrospective case study of all patients who underwent modified endoscopic Lothrop procedure performed by a single ENT surgeon at since May 2018
2. All patients were reviewed at 4 weeks and 3 months after their surgery with nasoendoscopy

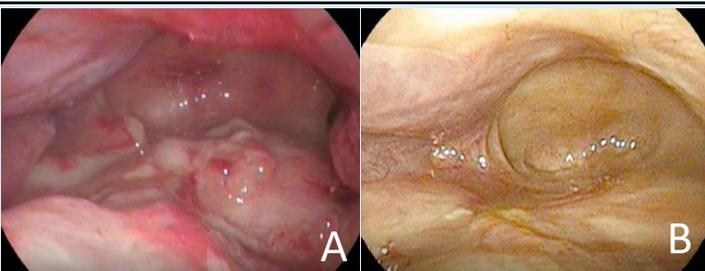


Figure 1. Endoscopic view of frontal sinus cavity at 4-week (A) and 3- month (B) follow up

- Intra- operative navigation has been used
- There is clear reduction in operation time over the last 11 cases (**Figure 2**)
- No post- operative complications
- All patients showed widely patent frontal sinuses at 3- month review (**Figure 1**)
- 2 patients complained of ongoing headache, both of which were neurogenic or muscular headache. Both patients had been counselled prior to procedure that their headaches were non- sinogenic.
- Autologous mucosal flap harvested from inferior turbinate(s) was used to reline the frontal opening

Results

Table 1. Patient information (n=11)

Age (mean)	60
Male: Female	7:4
Patients who had previous sinus surgery	10
Median operation time (minutes)	170.0

Table 2. Pathology of all cases

Inverting papilloma	1
Preseptal abscess due to frontal sinusitis	1
Chronic frontal sinusitis	9

Operation time (minutes)

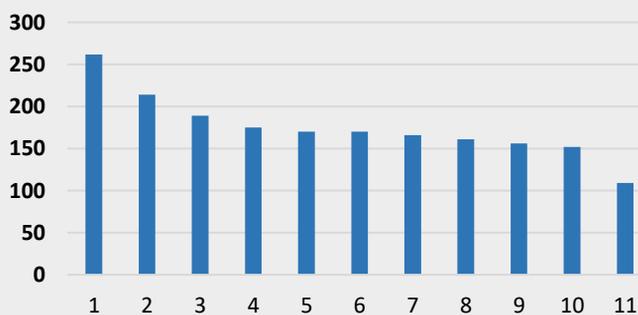


Figure 2. Operation time of all 11 cases

Conclusion

The outside- in approach to the modified endoscopic Lothrop procedure is safe and feasible to be used and can be adopted safely without formal training due to the very clear and concise stepwise approach documented by Prof Richard Harvey and his team.

References

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