

## CONGENITAL POSTERIOR CHOANAL ATRESIA

covered by mucous membrane—the roof, floor and the lateral wall. The floor was covered by the mucous flap elevated from the anterior surface of the atresia, the lateral wall was covered by the flap elevated from the posterior surface of the atresia. No mucosal flap was available to cover the roof.

A portex tube was introduced in each nostril. One end of the tube was projecting into the nasopharynx and the other end outside the vestibule. The mucous flaps were laid over the tube but no stitches were applied. The tubes were fixed by stitching them with the columella of the nose. The operation was completed by



Fig. 3 The patient after operation with the tubes in position. The fistula in the palate healed afterwards.

closing the mucoperiosteal flap of the hard palate. (Fig. 3)

Restoration of the patency of the nose was confirmed by Radiological examination of the soft tissue of the neck with a radio opaque dye. The dye instilled in each nostril was observed to pass into the nasopharynx and oesophagus (Fig. 4).

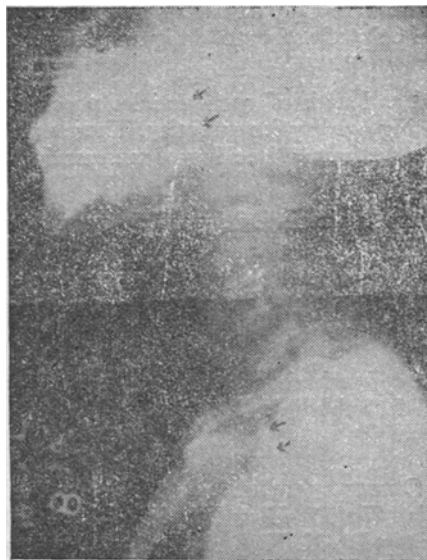


Fig. 4 X-ray of the soft tissue of the neck, with dye in the nose. Arrow mark showing easy passage of the dye from the nose into the pharynx and oesophagus (After operation).

Bilateral choanal atresia presents with the problem of covering the raw areas adequately. The septal mucosa cannot be utilized to cover the roof and the mucosal flap that is intended to cover the lateral wall falls short because of the high arched palate which is a common accompaniment of this condition. It renders the vertical diameter of the posterior choana shorter and the lateral wall more oblique. As a result the roof and a portion of the lateral wall remains bare, with the possibility of some amount of stenosis subsequently in cases of bilateral choanal atresia.

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## O B I T U A R Y

**Dr. S. N. Lahiri, the principal author of this article, died on 28.12.75. He was a member of our Association and an E.N.T. Surgeon of repute. His thorough grasp of the subject, skilled surgical craft-manship and heart warming extrovert nature endeared him to his colleagues, students and patients; who deeply mourn his loss.**