

## **OUTCOME OF SEPTAL DERMOPLASTY IN PATIENTS WITH HEREDITARY HEMORRHAGIC TELANGIECTASIA**

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*Objectives:* Septal dermoplasty (SD) has been recommended as the treatment of choice for life threatening epistaxis in patients with hereditary hemorrhagic telangiectasia (HHT). Our purpose was to evaluate the effectiveness and outcomes of SD for management of transfusion dependent epistaxis.

*Methods:* Between 1994 and 2004, SD was performed on 67 consecutive patients with severe epistaxis due to HHT. The number of units of blood received one year before and one year after SD was obtained. A subjective appraisal of the results of the surgery as well as second procedures post SD was determined. Patients were screened for pulmonary and cerebral arteriovenous malformations (PAVM, CAVM), gastrointestinal bleeding and symptomatic liver disease.

*Results:* Data was obtained in 66/67 (98%) patients with a mean age of 61.5 years and mean follow-up of 3.9 years. Accurate transfusion requirements 1 year before and 1 year after SD were available in 32 of 66 (48%) patients. In these 32 patients, the mean units of blood received decreased from 21u (range 2-100 u) 1 year before SD, to 1u (range 0-10 u) in the year following SD ( $p < 0.001$ ). Improved quality of life was claimed in 57 patients. Second therapies, ranging from cautery to repeat partial SD was required in 15 patients during follow up. Among the 67 patients, 31 (46%) had PAVM, 14 (21%) had gastrointestinal bleeding, 7 (10%) had symptomatic liver disease and 5 (7%) had CAVM. A total of 14 patients died during the follow up from other complications of HHT (11) and unrelated causes (3).

*Conclusions:* SD remains a very effective way of reducing transfusion requirements in patients with HHT and subjectively improves their quality of life. The otolaryngologist caring for patients with HHT should be familiar with other organ involvement by HHT to prevent complications during surgery.