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**Radiofrequency Turbinate Reduction: A NOSE Evaluation.**

**General Otolaryngology**

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Harrill, Willard C. MD; Pillsbury, Harold C. III MD; McGuirt, W Frederick MD; Stewart, Michael G. MD

**Abstract:**

Background: The symptoms and treatments for nasal obstruction are numerous and common. Yet, a consensus on a surgical approach or, even more importantly, how to define the success of any approach is lacking in the literature. A disease-specific outcomes instrument recently developed by the American Academy of Otolaryngology, known as the Nasal Obstruction Symptom Evaluation (NOSE) scale, has allowed for a validated, uniform method to compare different treatments for nasal obstruction.

Methods: Using the NOSE scale, we prospectively compared the use of bilateral radiofrequency inferior turbinate reduction (BRITR) only with that of BRITR with septoplasty in the treatment of nasal obstruction caused by the combination of septal deviation and turbinate hypertrophy. NOSE scores were obtained pretreatment and at 3 month and 6 month follow-up.

Results: Our data demonstrated significant improvement from baseline after 6 months for the NOSE scores in both the BRITR ( $P < .001$ ) and BRITR/septoplasty groups ( $P = .023$ ). No statistical difference was noted in the amount of postoperative improvement between the two treatment groups ( $P = .304$ ). Both groups did demonstrate a large, clinically important effect using a distribution-based assessment of clinical change. Despite equal clinically effective results, estimated costs for each treatment option differed significantly, with the office-based BRITR only group providing significant cost savings compared with the hospital-based BRITR/septoplasty group.

Conclusions: This study suggests that BRITR should be considered as an initial treatment option for nasal obstruction rather than a septoplasty with turbinate reduction in patients with the clinical findings of both a septal deviation and turbinate hypertrophy after failure of medical therapy.


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