

Tuberculum Septi

In reference to 'Azman M, Gendeh BS. Septal turbinates: An entity with physiologic importance. Brunei Int Med J. 2011; 7:168-72.'

To the editor,

The article entitled "Septal turbinates: An entity with physiologic importance" by Azman and Gendeh published in the recent issue of the Brunei Int Med J. was an interesting case report.¹ Indeed, knowledge of the septal turbinates and their physiologic and pathophysiologic significance is important, and these structures should not be overlooked by ENT surgeons or radiologists alike. The case highlights the importance of recognising these anatomic variants, and their pharmacologic treatment.

In their discussion, the authors stated that the "septal turbinate also referred to as nasal swell body (*Schwellkorper am Septum Nasi*), septal cavernous body, septal intumescence, anterior septal tuberculum, septal erectile body and Kiesselbach's ridge was first described by Wustrow in 1951."¹ However, it was neither Wustrow nor Kiesselbach for that matter who first described the septal turbinates in the western literature, but Giovanni Battista Morgagni in 1706² followed by Emil Zuckerkandl in 1884.³ Although most modern texts of Otorhinolaryngology-Head and Neck Surgery omit the mention of the septal turbinates, they deserve detailed description by any rhinologist worth their salt. According to Huizing and de Groot⁴ the medial nasal wall or nasal septum may contain the following turbinates or turbinate-like structures; a) The *tuberculum septi anterior* or septal turbinate (*tuberculum septi, intumescencia septi, Kiesselbach's ridge*); and b) The *tuberculum septi posterior* or posterior septal ridges or folds.

The most common, conspicuous septal turbinate, the *tuberculum septi anterior* (*intumescencia septi*) is a two centimeter long septal structure with a 1-2 cm height that lies opposite to the head or anterior end of the middle turbinate.

^{4, 5} In addition, Huizing and de Groot⁵ mentioned "two or three narrow mucosal ridges or folds may be seen running downward on the lower (vomeral) part of the bony septum" which were originally designated *plicae septi* or *tuberculum septi posterior*. Goodwin and Godley⁵ postulate that these are "remnants of small mucosal folds ... along the horizontal plane of the septum .. along the posteroinferior surface."

Indeed, Hippocrates (who called the turbinates "sleeves") may have observed the septal turbinates without leaving known record of them; and even earlier eastern traditions such as the Ayurvedic should also be re-searched by the interested medical historian.

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