Traumatic septal swelling

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DESCRIPTION

A previously healthy 30-year-old man presented with worsening nasal obstruction for the past 4 days. Two weeks prior, he was involved in a minor motor vehicle accident whereby there was a direct impact over the anterior facial region. Besides that, there was no fever, headache or epistaxis. On examination, no external nasal deformity was noted. On lifting nose-tip, erythematous, smooth-surfaced swelling was noted over the bilateral nasal septum (figure 1). Aspiration of the septal swelling yielded thick yellowish pus (figure 2).

The patient was diagnosed as septal abscess or infected septal haematoma, which developed following an untreated septal haematoma from the prior trauma. Incision and drainage were performed bilaterally under local anaesthesia, and intravenous broad-spectrum antibiotics were commenced. The patient was closely observed with daily nasal toileting and dressing performed. He completed one course of antibiotics, and at 1 month of follow-up, he was well with no signs of septal swelling or septal perforation.

Septal haematoma or abscess is deemed a recherché, although nasal bone fracture is the most common fractured bone.1 Seventy-five per cent of nasal septal abscess (NSA) results from trauma. NSA, a potentially life-threatening entity that entails trauma in 75% of cases, is characterised by collection of purulent material within a potential nasal space, bordered medially by the nasal septum and laterally by mucoperichondrium or mucoperiosteum.2 The time interval from injury to the formation of NSA is approximately 5 to 7 days.2 NSA is diagnosed based on clinical grounds with gentle palpation of the septal swelling with a blunt instrument,1 followed by aspiration. It is prudent not to confuse NSA with a grossly deviated nasal septum or hypertrophied inferior turbinate. Early recognition of NSA is vital as delayed treatment leads to serious complications such as orbital cellulitis, meningitis, brain abscess and cavernous thrombosis.1 2 NSA is treated by incision and drainage to re-establish blood supply of the septum, which can be done under local or general anaesthesia along with broad-spectrum antibiotics.1 2

Figure 1 Erythematous, smooth-surfaced swelling was noted over the bilateral nasal septum.

Figure 2 Aspiration of the septal swelling yielded thick yellowish pus.

Learning points

► Nasal obstruction following trauma should raise suspicion of septal haematoma.
► Infected septal haematoma leads to abscess formation, which has life-threatening potential ensuing its location within the danger triangle.
► Immediate drainage of the collection is required in all cases of septal abscess, along with the commencement of broad-spectrum antibiotics.

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