



Nasal trauma

1) MUA nose (manipulation under anaesthetic) should be conducted when post injury?

- a) Within 4 days
- b) Between 4 – 14 days
- c) After 14 days
- d) After 6 months

This is the perfect timing as the swelling has reduced enough to assess the nasal bone deviation, and the bones are still mobile enough to be manipulated easily

2) MUA treats what type of nasal deformity

- a) Deviated nasal bones only
- b) Deviated nasal cartilage only
- c) Deviated nasal bones and cartilage

Only deviation of the nasal bone is treated with an MUA nose. Deviation of the nasal cartilage can only be treated with a septorhinoplasty, which usually takes place >6months post injury

3) A 24-year-old lady is allegedly assaulted, sustaining a single punch to the nose. The initial epistaxis settles with simple first aid, however 2 days after the injury the patient notices her nose is deviated to one side and the left nostril feels blocked. She attends A&E and on examination you notice a fluctuant unilateral swelling in the right nostril.

a) Which is the most likely diagnosis?

- i) Deviated nasal cartilage
- ii) Septal haematoma
- iii) Fractured displaced nasal turbinate
- iv) A bone spur

A fluctuant swelling post trauma suggests a septal haematoma. The other differentials are differentiated by assessing for this fluctuance. If in doubt a needle aspiration attempt will confirm the diagnosis by draining blood from the swelling.

b) How would you manage this swelling?

- i) MUA nose
- ii) Septorhinoplasty

- iii) Reassurance & discharge
- iv) Incision & drainage

The haematoma must be drained to prevent complications described below. This usually entails a general anaesthetic and a drain left in situ

c) Which three complications are associated with the swelling mentioned above?

- i) Septal perforation
- ii) Saddle nose deformity
- iii) Nasal abscess
- iv) Acute rhinosinusitis
- v) Chronic nasal obstruction
- vi) Granuloma formation
- vii) Base of skull osteitis
- viii) Noma pudendi