To days topic-

Diseases of external nose

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Nasal septum

Presented by-

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Diseases of external nose

Common nasal lesions are-

- Furunculosis of the nose.
- Vestibulittis.
- Cavernous sinus thrombosis.
- Herpes simplex.
- Herpes zoster.
- Rhinophyma .

Diseases of external nose (cont.)

Neoplasms- Benign and malignant.

Benign- papilloma,

haemangioma

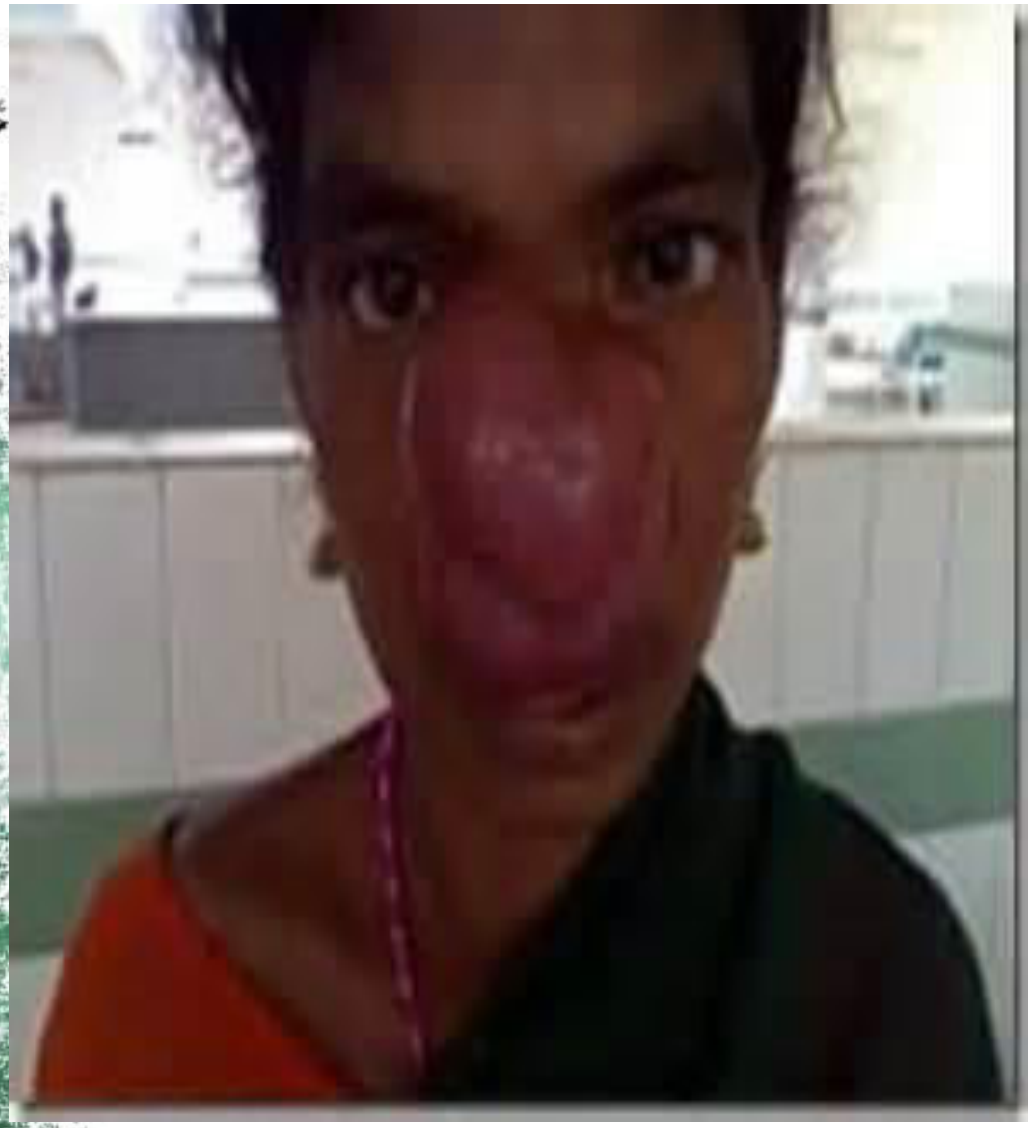
(capillary and cavernous type),

Malignant- Basal cell carcinoma (Rodent ulcer),

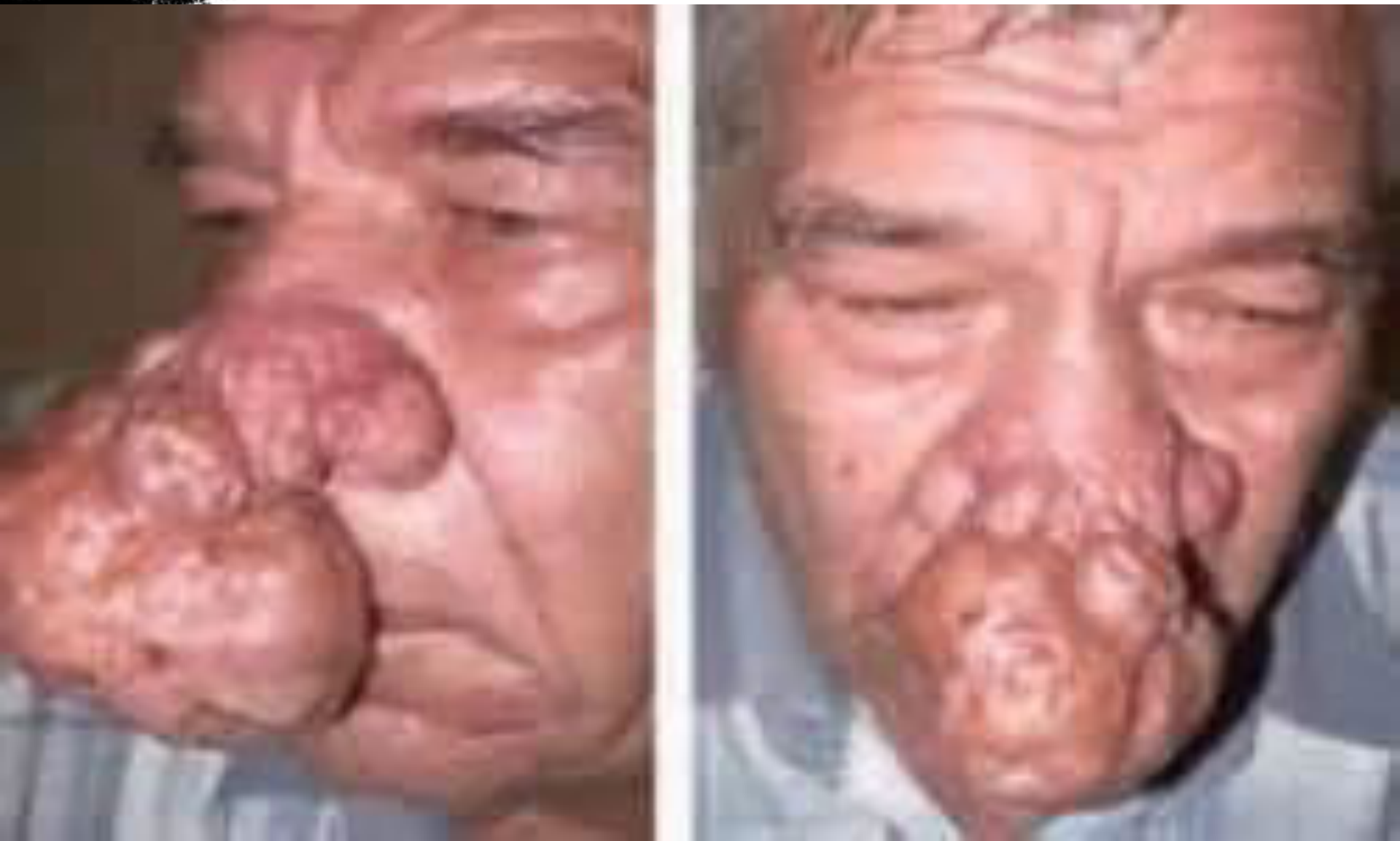
Squamous cell carcinoma,

malignant melanoma.

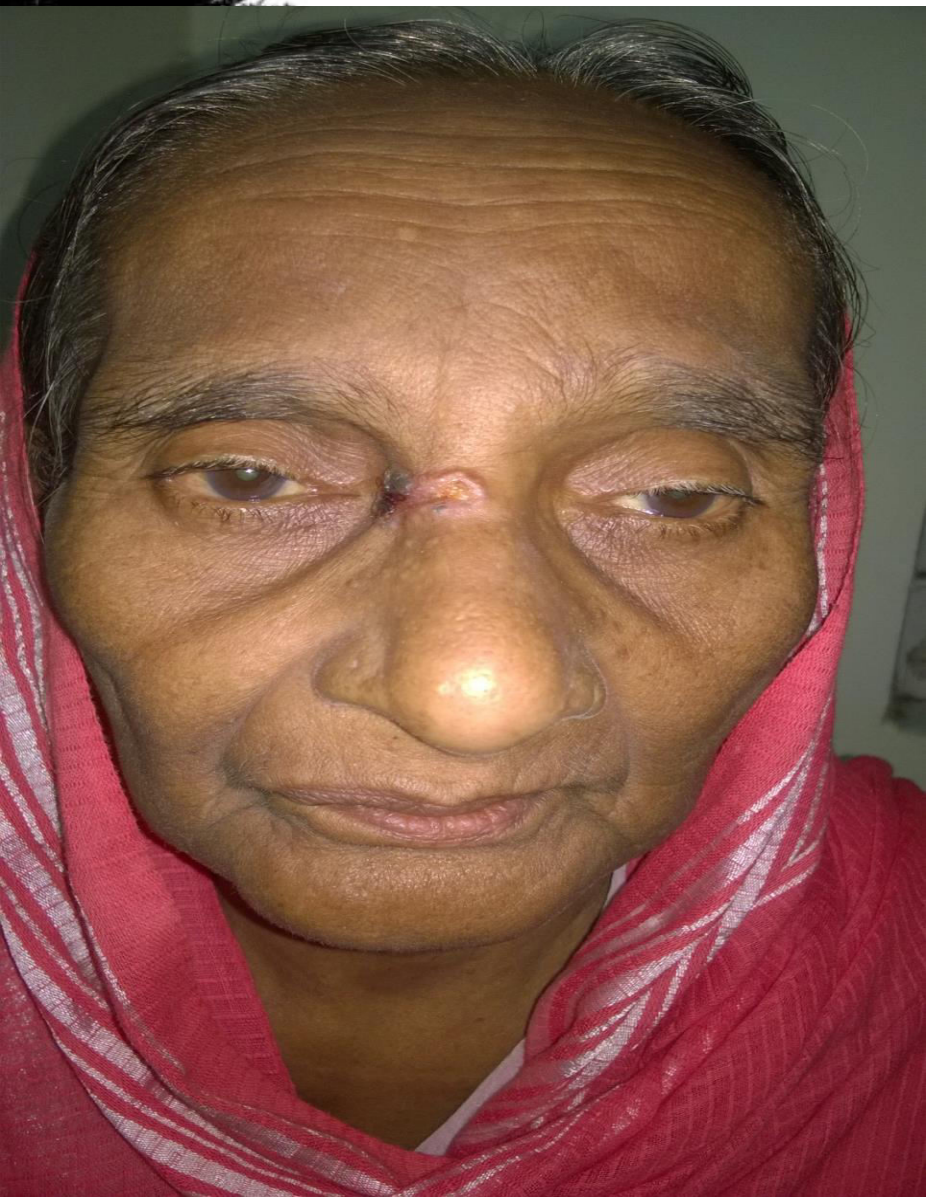
Haemangioma

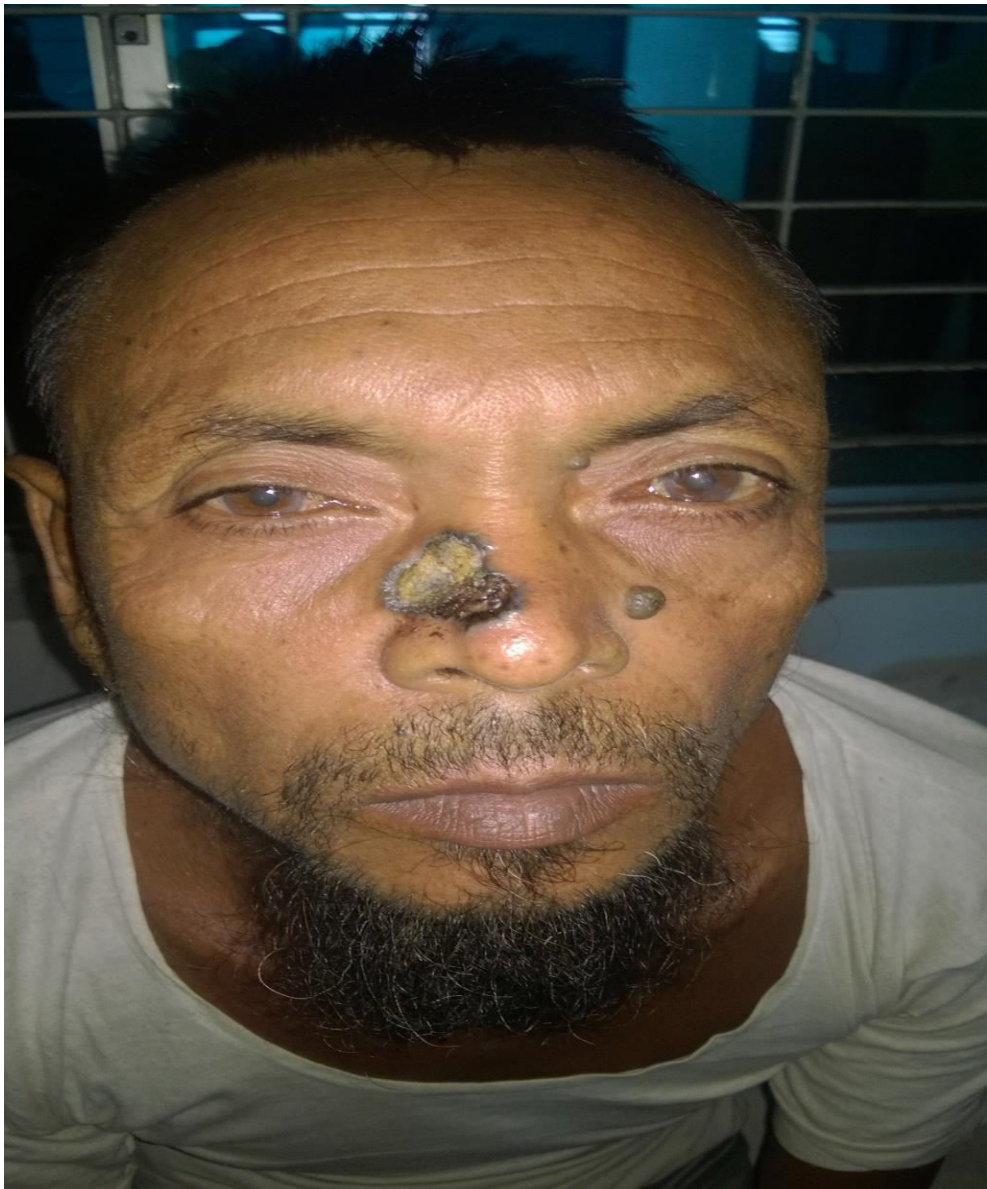


Neoplasm of external nose



Rodent ulcer



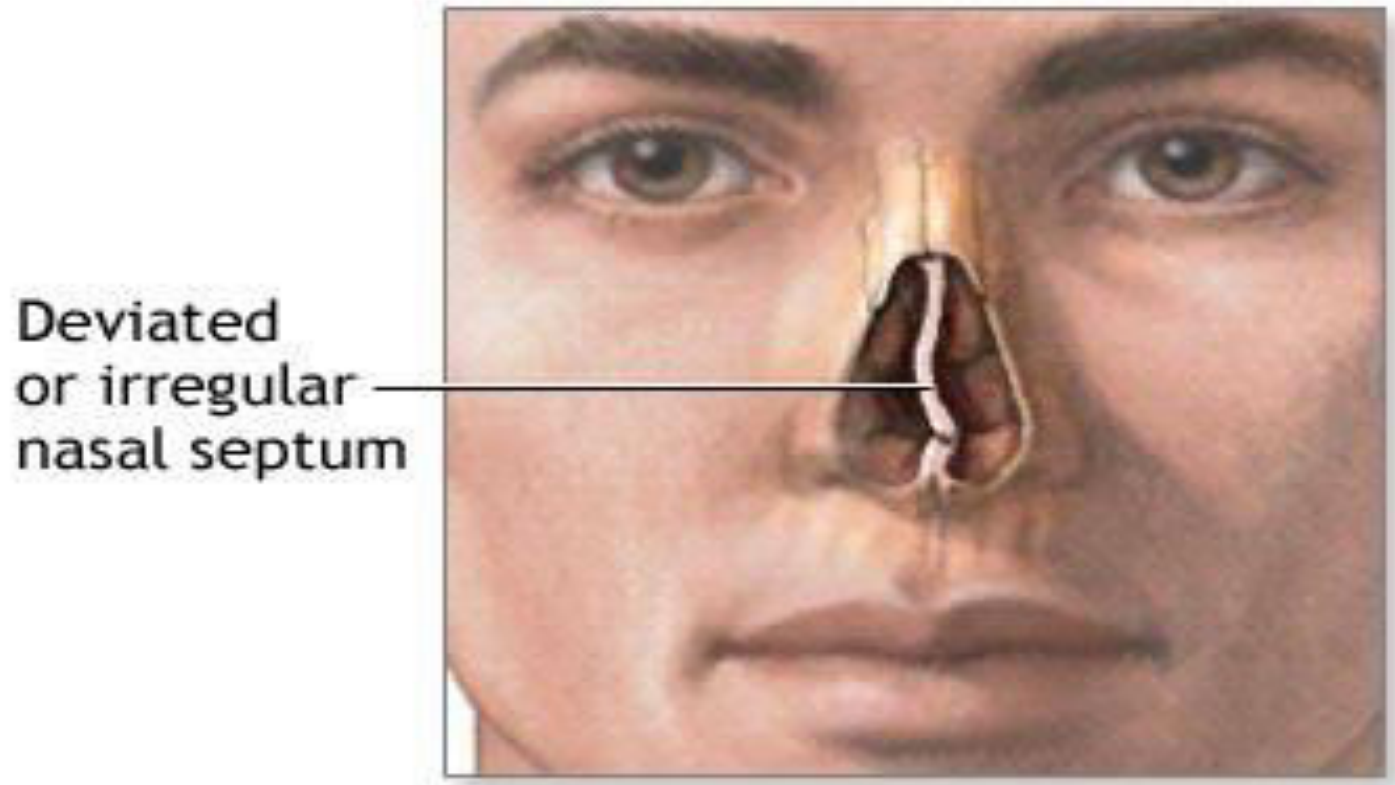


Septal deviation(DNS)

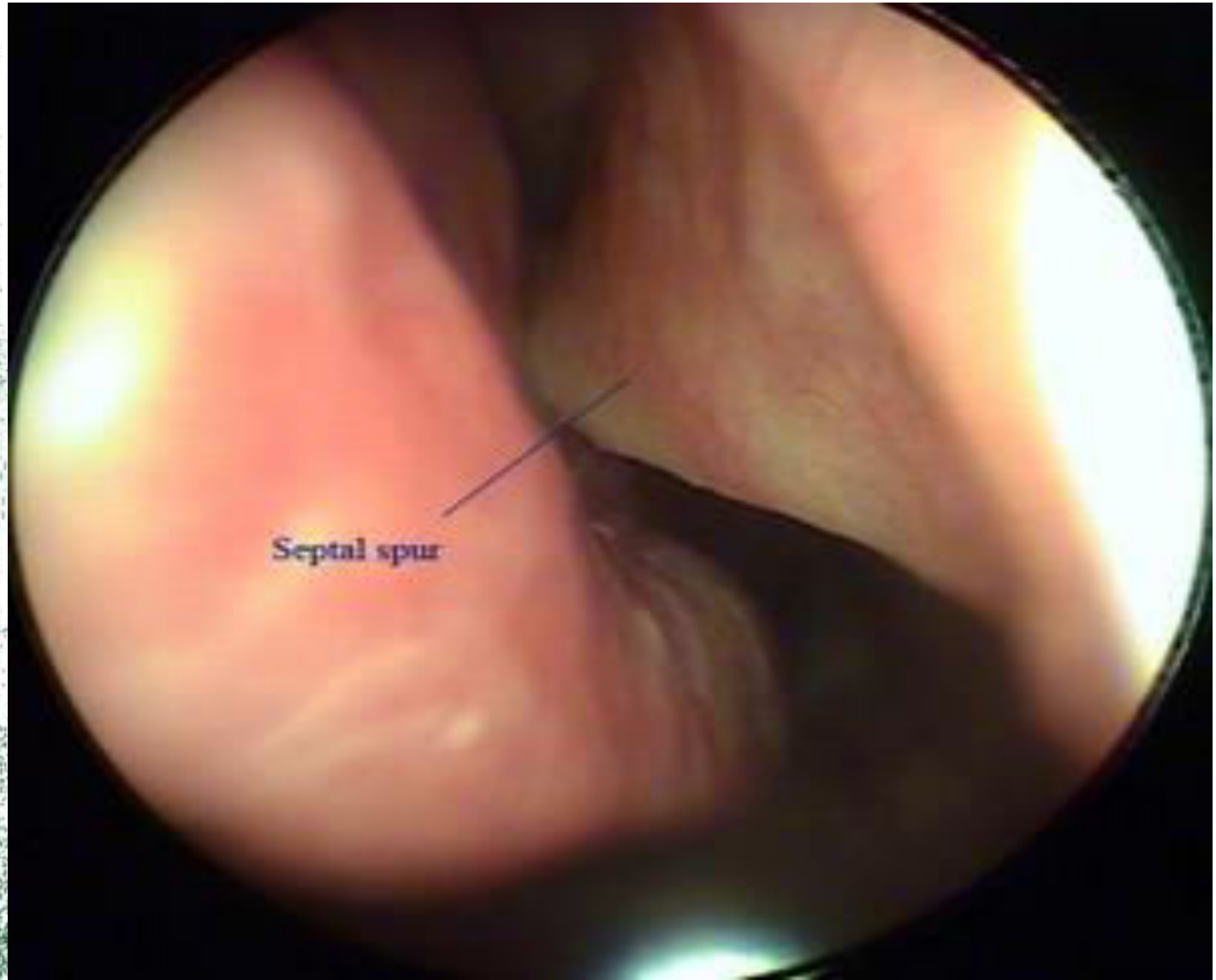
Types of septal deviation:

1. Deviation of septum:- may be
   - "C" – shaped.
   - "S" _ shaped.
2. Anterior septal dislocation.
3. Septal spur- Sharp angulations in the vertical plane.
4. Thickened septum.

S- shaped DNS



Septal spur

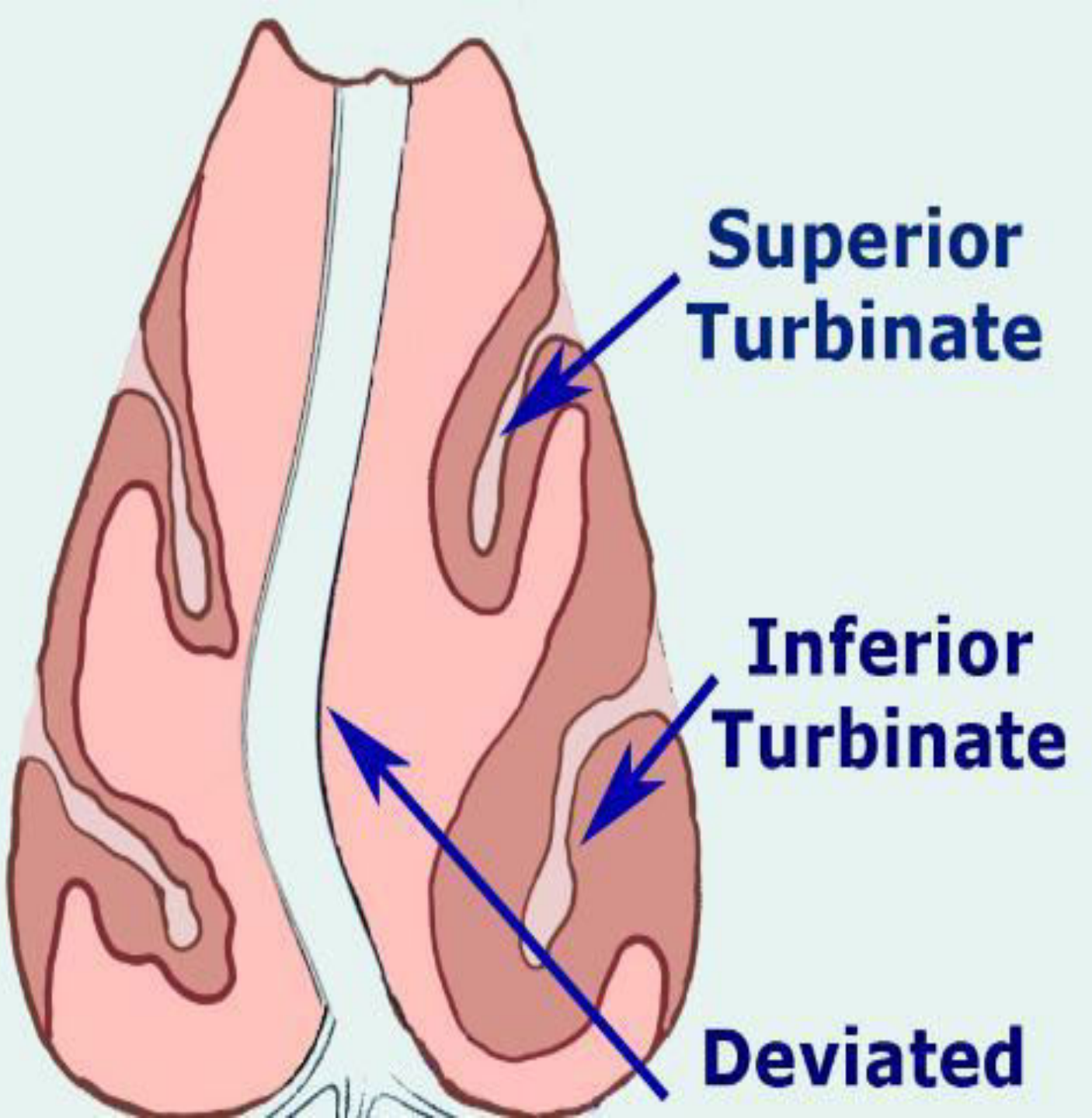


Aetiology of DNS

- Trauma.

  Birth trauma, Accidental trauma, Assault, sports injury.

- Developmental.
- Congenital.
- Pressure effect.
- Idiopathic .


Superior
Turbinate
Inferior
Turbinate
Deviated

Clinical feature of DNS

- Nasal obstruction/nasal blockage.
- pressure Headache.
- Snoring.
- Epistaxis.
- External deformity.
- Persistent sore throat, ear ache.
- Post nasal drip, discharge.

Investigations

- **Specific investigation**:-
  - X-ray PNS OM view- to see any evidence of sinusitis.
  - C T scan of PNS- if FESS is planned.
- **General investigations** -
  - Blood for TC,DC, ESR, Hb%
  - Urine for R/E
  - X-ray chest P/A view.
- Age above 40 years –

ECG.

Blood urea / serum creatinine

Blood sugar level.

Treatment :

- No symptom- no treatment.
- If symptoms- treatment is surgery.

Options are-

✓ Septoplasty - In all ages.

✓ SMR- Sub mucous resection.

(Above I6 years)

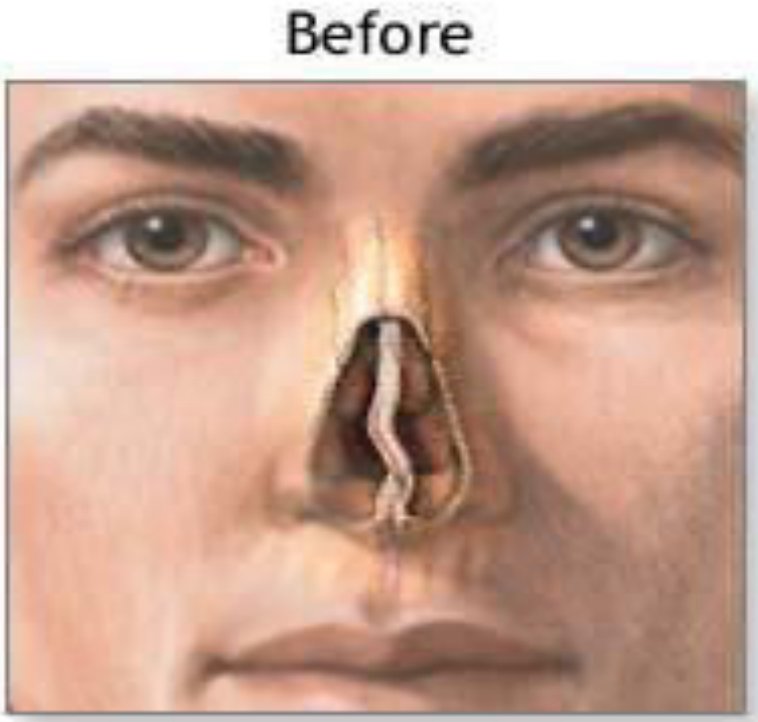
Steps of surgery:

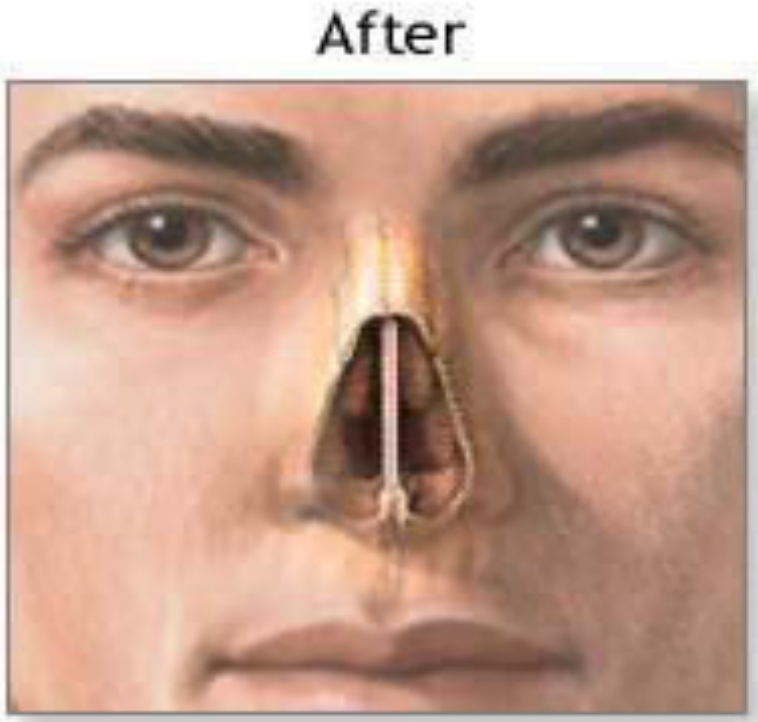
- Surgical fitness.
- Aneasthesia –

  Local

  General.
- Incision.
- Exposure of Septal cartilage & Bone.
- Removal of Septal cartilage & Bone.
- Haemostasis.
- Anterior nasal packing.
- Removal of nasal pack after 24 to 48 hours.

Before & after septal surgery





Indications of SMR Operation

- »DNS above 16 yrs
- »Closure of septal perforation
- »Source of grafting material.
- »To obtain surgical access-
- » Hypo physectomy
- » Vidian neurectomy

Complications of Septal Surgery

1.Per- operative complications-

- Haemmorrhage.
- Tearing of septal flap.

2. Post-operative Complications

A) Early complications-

- Septal haematoma.
- Septal abcess.
- Septal perforation.
- Synaechia of nasal cavity.
- Infection.

Complications (cont.)

B) Late complications:

- Collumellar Refraction.
- Tip deformity.
- Supra tip deformity.
- Saddle nose.

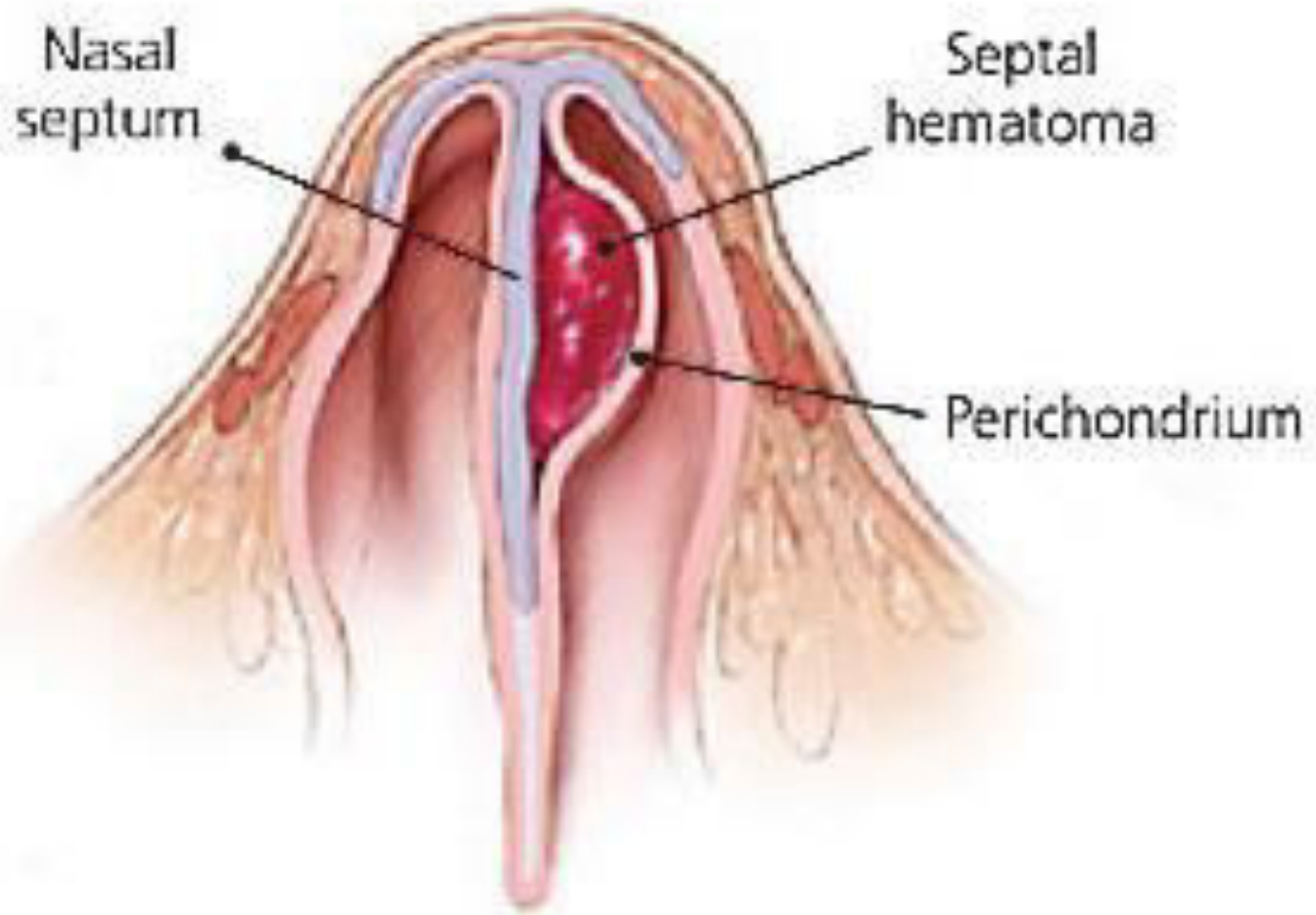
Septal haematoma

Definition

Collection of blood beneath the mucoperichondroium or mucoperiostium of nasal septum.

Common in children.

Septal hematoma



causes

- Trauma- RTA, direct blow or sports injury.
- Surgical trauma- SMR or septoplasty operation.
- Blood dyscrasias.

Clinical Features

- Bilateral nasal Obstruction.
- Pain in nose.
- Nose is widened.
- Bilateral symmetrical soft swelling of the nasal septum.
- Aspiration shows blood.

Complications

- Septal abscess.
- Septal perforation.
- Cartilage necrosis > saddle deformity.
- Cavernous sinus thrombosis.

Treatment

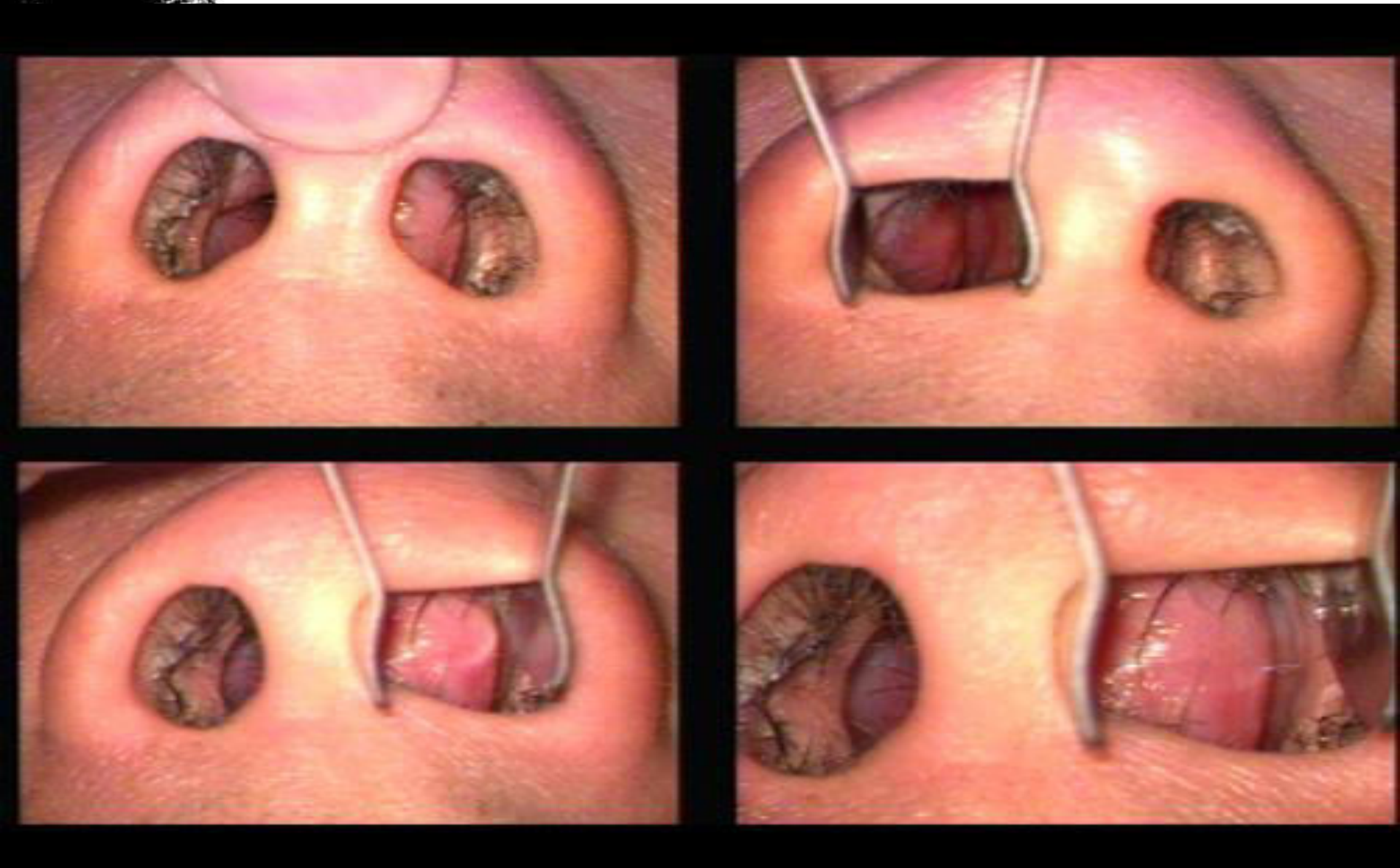
- In small haematoma— aspiration.
- Large haematoma- Incision & drainage by excising a small square of mucoperichondrium on one side.
- Nasal packing for 48 hours.
- Systemic antibiotics.
- Analgesics.

Septal abscess

Definition

Collection of pus beneath the mucoperichondrium and mucoperiosteum of nasal septum.

Septal abscess



Aetiology

- **Traumatic** – Secondary to septal haematoma.
- **Sponteneous** – especially in diabetic patients.

Clinical features

- Severe pain in nose.
- Bilateral nasal obstruction.
- Fever.
- Swollen and widened nose.
- Bilateral symmetrical soft fluctuant swelling of the septum.
- Aspiration shows pus.

Complications

- Saddle nose- due to cartilage necrosis.
- Septal perforation.
- Facial cellulitis.
- Meningitis.
- Cavernous sinus thrombosis.

Treatment

- Incision and drainage –

  Small segment of mucoperichondrium square in size is removed.

- Nasal packing.
- Systemic antibiotic.
- Analgesic.
- Treatment of cause.

Septal perforation

Causes:

- **Traumatic-**

1. Surgical trauma- SMR, Septoplasty or repeated cautery.
2. Digital trauma -- Nose picking
3. Foreign body trauma – safety-pin, ornaments.

- **Infective-**

Tuberculosis, Syphilis. Atrophic rhinitis, lupus vulgaris, midline granuloma.

Causes of septal perforation

- Neoplastic diseases-
  - Squamous cell carcinoma,
  - Adenocarcinoma,
  - Basal cell carcinoma,
  - T cell lymphoma.
- Irritants like- arsenic, chrom, cocain snuff.
- Idiopathic.

Septal perforation

Clinical Features

Depends upon the site and size of perforation.

- Anterior and large perforations- are usually symptomatic.
- Posterior and small perforation- are usually asymptomatic.

Size of perforations:-

- Small Perforation up to 1 cm diameter.
- Medium perforation 1-2 cm in diameter.
- Large perforation over 2 cm diameter.

Clinical features (cont.)

- May remain asymptomatic.
- Recurrent Epistaxis.
- Dryness in the nose.
- Nasal obstruction.
- Whistling sound on nasal breathing.
- Pain in Nose.

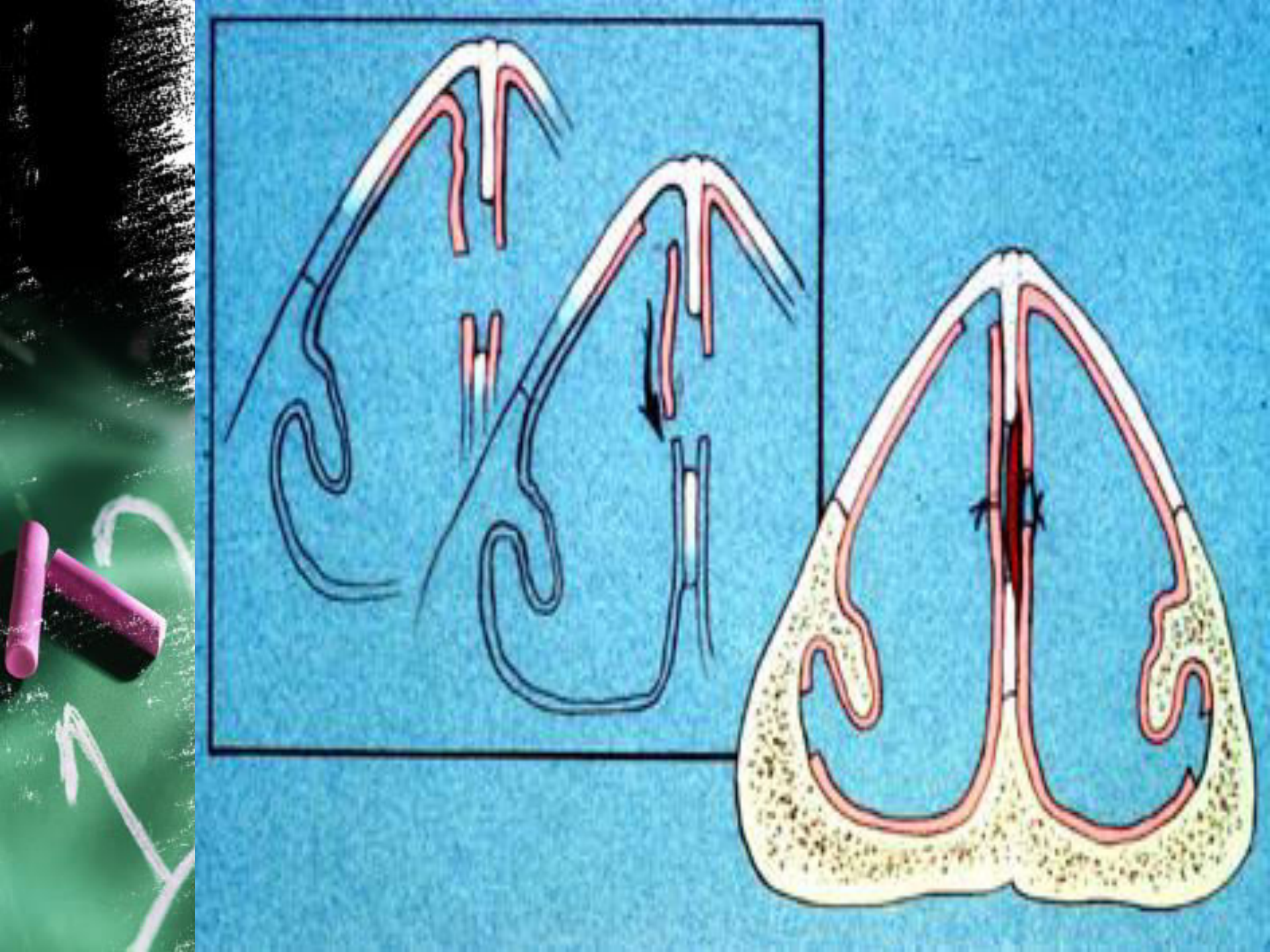
Investigations

- Blood for TC,DC, ESR, and Hb%
- Serological test- for syphilis.
- X-ray chest- to show TB, metastasis, SLE, W. granulomatosis.
- Urine – RBC, protein.
- Biopsy – from edge of the perforation.

Treatment

In many cases no treatment is required

- First line of treatment – treatment of the cause and removal of cause.
- Alkaline nasal douche- Removal of crest.
- Chlorohexedine cream 0.5%
- Silver-Nitrate Solution – removal of granulation tissue
- Closure of perforation – Large perforation closure by obturator.



Thanks