Isolated nasal and nasoethmoidal fractures

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Isolated nasal bone fractures are common, and the full extent of the deformity may not be apparent for several days after injury . A follow-up appointment 1 week after the initial assess ment is important (when the swelling is expected to subside) as it allows for accurate examination. The indications for surgical treatment include a cosmetic defect resulting from deviation and nasal obstruction. Closed reduction with digital manipulation under LA is common, but GA may be required Percival Pott , 1714–1788, surgeon, St Bartholomew’s Hospital, London, UK, described the ‘pu ff y tumour’ in 1760. - - if the nasal bone needs significant disimpaction. A mouldable - nasal splint may be utilised to protect the bone reduction from inadvertent force. - Nasoethmoidal fractures occur secondary to significant force transfer across the bridge of the nose and the base of the frontal bone. Comminution is common as the nasal and eth - moidal bones are both thin and delicate. The clinical features hymosis, a of nasoethmoidal fractures include periorbital ecc depressed nasal bridge, an upturned nasal tip (piggy nose) and telecanthus (increased distance between the inner corners of the eyelids with a normal interpupillary distance), a result of displacement of the bone where the medial canthal ligament is attached. The nasal septum should be inspected for haema - - toma and a CSF leak excluded. It is important to identify and treat nasoethmoidal fracture in the primary setting as the untreated fracture can lead to unsightly deformity , which is extremely di ffi cult to correct later. tment is often delayed for 7–10 days post injury to allow Trea for the swelling to subside. The key to successful reduction is accurate repositioning of the medial canthus, which can be technically challenging because of the comminuted nature of the fracture. Summary box 31.10 Nasoethmoidal fractures /uni25CF /uni25CF -

Figure 31.17 An axial CT scan demonstrating a frontal bone fracture through the anterior and posterior table of the frontal sinus. Nasoethmoidal fracture presents with typical features such as a depressed nasal bridge, an upturned nose and telecanthus ORIF can be challenging as it requires repositioning of the medial canthal attachment

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