

Septal Haematoma

Def:

Collection of blood beneath the mucoperichondrium and mucoperiosteum of the nasal septum

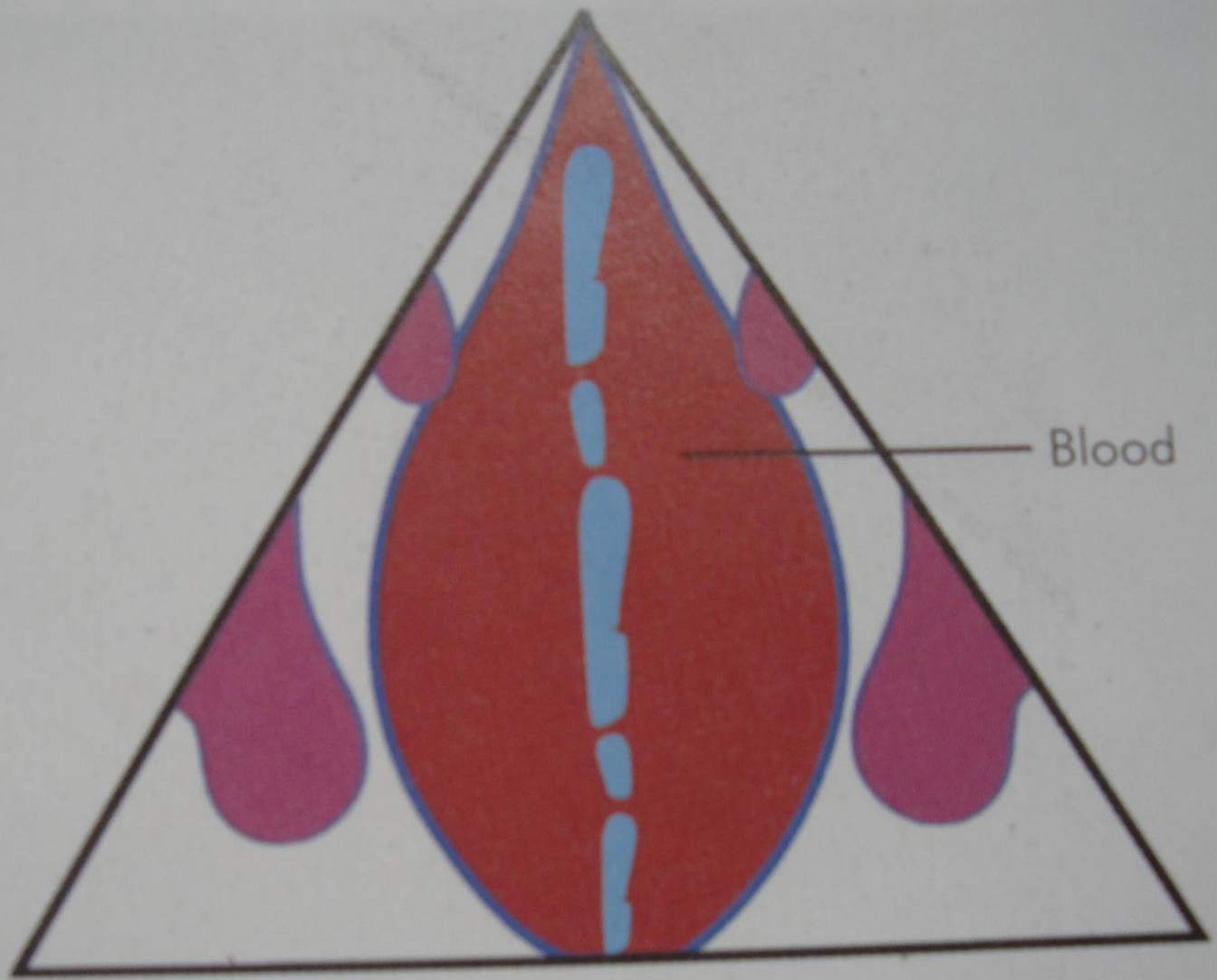


Fig. 26.7 Septal haematoma.

Aetiology

- Direct blow or fall on the nose
- Traumatic fracture of the nose
- Following septal surgery
- Blood dyscrasia

Clinical feature

- Nasal obstruction
 - > Bilateral
 - > Complete
- Swelling of septum
 - > Soft
 - > Red
- Signs of trauma in the nose

Complications

- Septal abscess → external deformity
- Permanent thickening of septum

Treatment

- Simple aspiration– small haematoma
- Incision and drainage
- Anterior nasal packing
- Systemic antibiotic

Septal abscess

Def:

A collection of pus beneath the mucoperichondrium and mucoperiosteum of the nasalseptum.



Fig. 26.8 Septal abscess.

Aetiology

- Traumatic- secondary to haematoma
- Spontaneous- following measles, scarlet fever and furunculosis

Clinical features

- Pain- severe and throbbing
- Nasal obstruction- bilateral, complete
- Septal swelling- dull, purplish colour and tender
- Fever

Complications

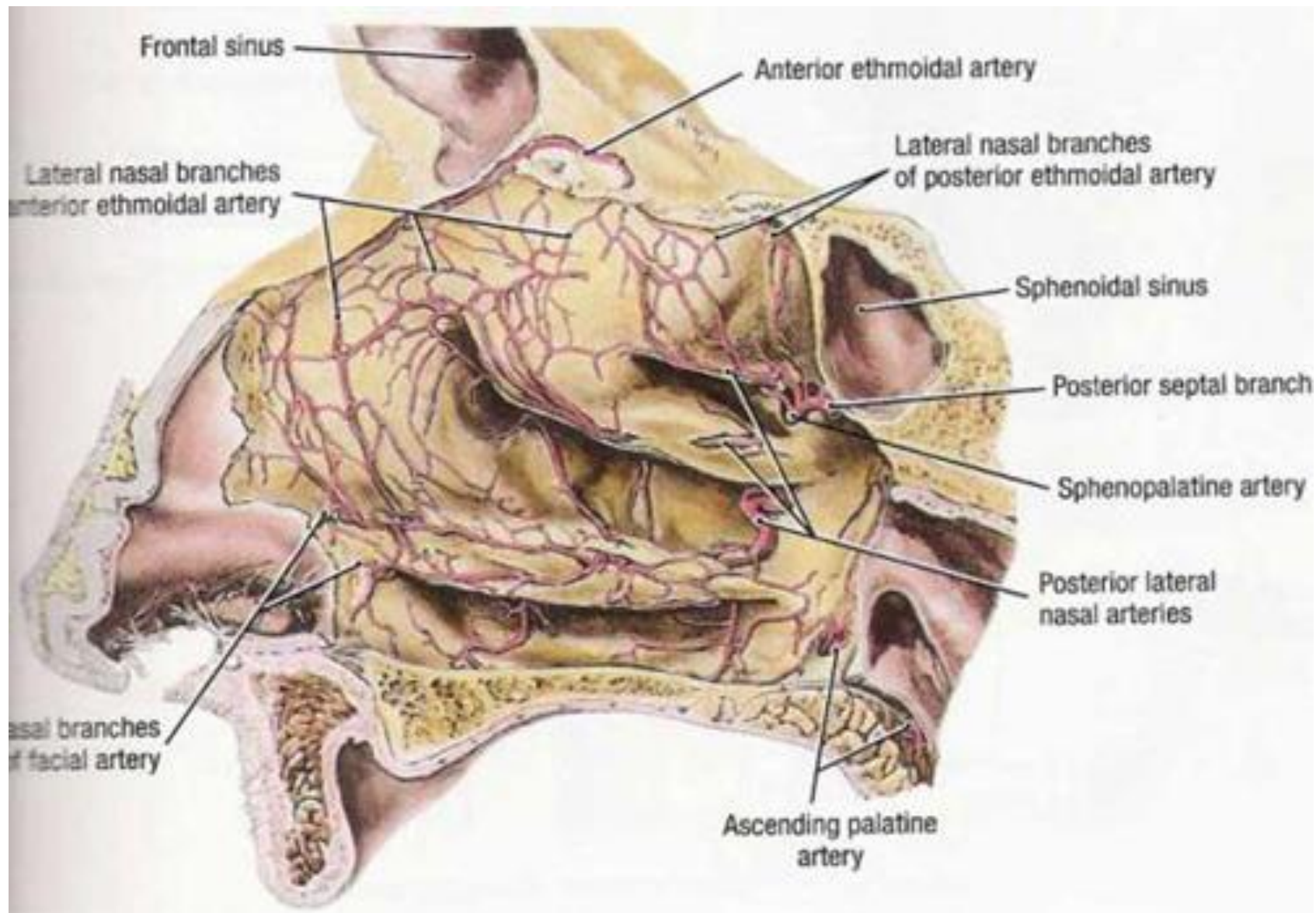
- External deformity
- Perforation of septum
- Meningitis and Cavernous sinus thrombosis

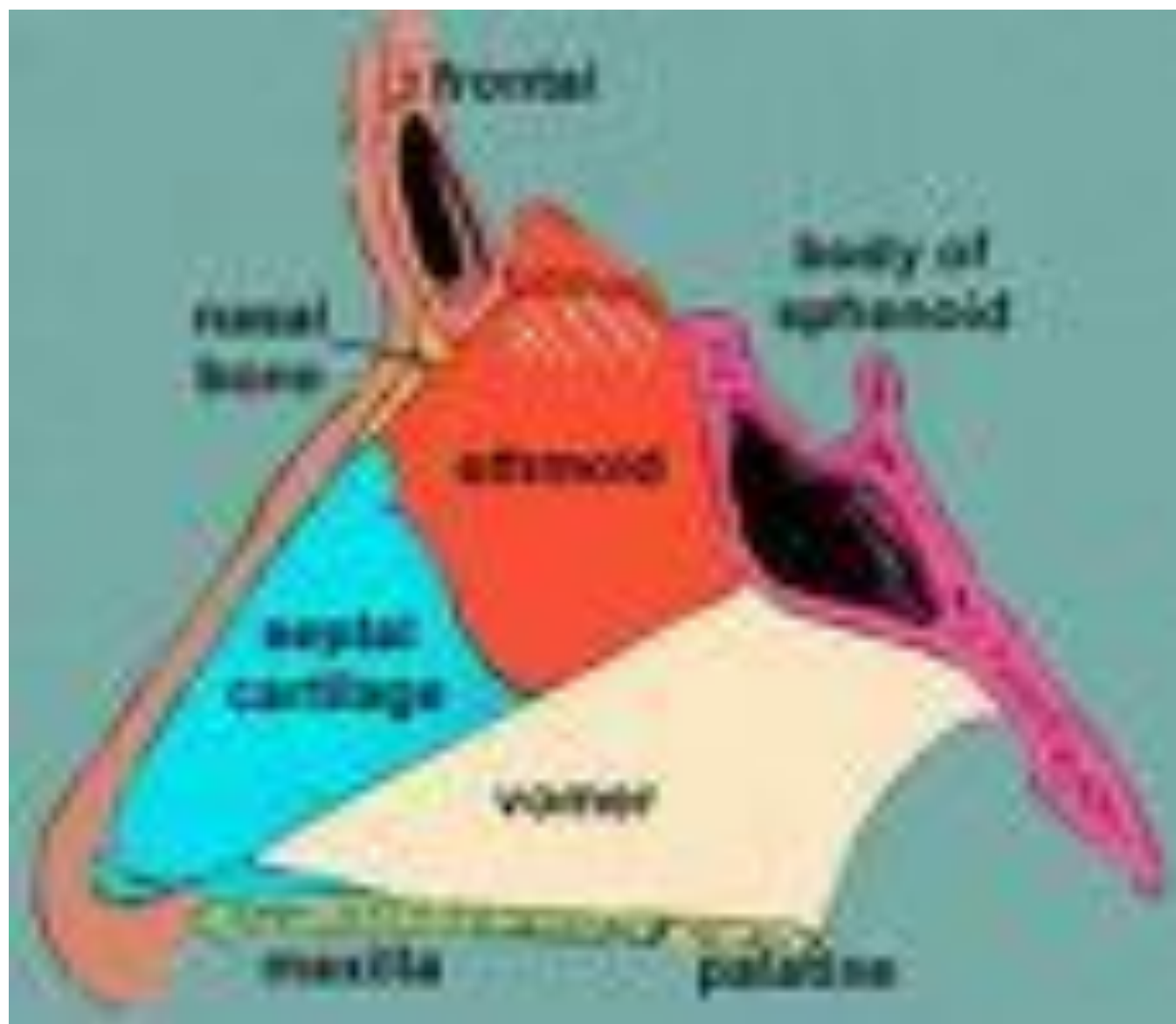
Treatment

- Incision and drainage
- Anterior nasal packing
- Systemic antibiotic
- Reconstruction

Septal Perforation

- Abnormal opening in the nasal septum due to trauma or disease process.





Aetiology

- Traumatic
 1. Surgical- septal surgery
 2. Repeated cautery
 3. Digital trauma- nose pricking

- Malignant disease
 1. Malignant tumours
 2. Malignant granuloma

Septal Perforation

- **Chronic infection**
 1. **Syphilis- bony part**
 2. **Tuberculosis**
 3. **Rhinitis sicca and rhinitis caseosa**
 4. **Haematoma and abscess of septum**
- **Poisons**
 1. **Industrial- chromium**
 2. **Cocaine addiction**
- **Idiopathic**



Fig. 26.9 Septal perforation.

Clinical feature

- Nasal irritation
- Crusting
- Epistaxis
- Whistling-maller perforation
- Pain and foetor- active stage of gumma.

Signs

- Perforation in bony part in syphilis and cartilaginous part in other causes.
- Granulation tissue around margin of perforation
- Ulceration

Investigations

- CBC
- Serological tests- Syphilis
- Biopsy- TB/ malignancy

Treatment

- Asymptomatic- No treatment
- Alkaline douche 25% glucose in glycerine-removal of crust
- Chlorhexidine cream (5%)
- Silver nitrate- bleeding granulation
- Closure- smaller perforation by mucoperichondrial flap
- Removal of exposed cartilage- In larger perforation to enhance healing