

Early and late consequences of Nasal trauma in children and adolescents - Is the treatment same as in adults

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Abstract

Background

Nasal trauma in children should be properly treated, because it can lead to displacement or depression of the nasal bones or septum.

Aim

For the patient to recognize and create a mature decision for eventual nose changes which will be made with the operative intervention or they are not mature enough and the decisions were made by their parents.

Methods

Our retrospective study was made at University Clinic for Ear, Nose and Throat, Faculty of Medicine, Ss Cyril and Methodius University of Skopje in the period of 10 years (2010-2021). Seventy-three patients were admitted with recent or previous nasal trauma or nasal deformity. The first group of 32 was children and adolescents from 6-14 years old who were admitted to our hospital because of recent nasal trauma. The second group of 41 children and adolescents from 6-14 years old were admitted to our hospital because of previous nasal trauma, which was not treated on time, or it was not treated properly. They were admitted to our clinic for surgical intervention septo/rhinoplasty. The second group of patients fills the brief psychological questioner prepared by Clinical psychiatrist from University Clinic of Psychiatry, in Skopje, and their psychological reactions were taken into consideration.

Results

Eleven of the children and adolescents who had nasal fracture without dislocation, who have no symptoms, minimal swelling, and no septal deviation or hematoma, were observed with a specific follow-up: 3 days after nasal fracture, then every week in the first month, after 1 month, and after 3 months period. Sixteen of children and adolescents who had a nasal fracture with subluxation of nasal septum were operated with closed reduction (repositio nasi) under general anaesthesia. The others with septal hematomas and subperichondrial abscess were treated as in adults' patients. The second group of 41 children and adolescents from 6-14 years old consisted with the previous nasal trauma which was not treated on time or it was improperly treated. In 24 (58.54%) of these patients septoplasty was performed and in 17 (41.46%) was performed rhino septoplasty. Often, difficult septal deformations in children are followed with deformation of the nasal pyramid (rhino scoliosis, rhino lordosis). In those cases, we cannot solve septal pathology without nasal pyramid intervention in the same time and opposite.

Conclusion

Clinical reports have not produced solid evidence for the statement that septal surgery has no negative effect on nasal growth or can serve for correcting abnormal growth. The functional and esthetic problems of the patient, however, mean a continuous stimulus for further clinical and experimental investigations.

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