

Nasal Fractures



This patient was hit in the nose with a soft ball. She had a closed nasal reduction to straighten the bridge of the nose that was deviated to the right.

By: Sydney C. Butts, MD

“I think I broke my nose!” These words may be uttered after a sports injury, fall, car accident or an assault. Though nasal fractures are the most common of all facial fractures, determining the presence of a fracture and the possible need for surgery require the guidance of a surgical specialist and is a common reason a patient will see an otolaryngologist (ear, nose, and throat specialist). It is important to be informed about how to get timely evaluation and treatment. Delays can result in complications and deformities that negatively affect nasal shape and breathing.

Any severe blow to the nose should raise the suspicion of a break or fracture of the bones. Patients may experience pain, bruising, swelling, a nose bleed and difficulty breathing through the nostrils. Change in the shape of the nose, with twisting or flattening/widening of the bridge of the nose are signs of a fracture.

Evaluation should be sought the day of the injury. This will usually be with an emergency physician or a primary care physician. A broken nose may also result in soft tissue injuries, including a hematoma (blood clot) of the nasal septum inside the nasal cavity. This is an emergency that must be drained promptly to prevent permanent damage to the septum. In situations where a hematoma has developed or there is a bad nose bleed

associated with the injury, an otolaryngologist will often be called to assist in management. Imaging—plain xray or CT scan—is sometimes ordered but not required when the diagnosis is apparent.

All patients with severe nasal trauma should be referred for follow up with an otolaryngologist or other facial trauma surgeon 3-5 days after the injury, because significant swelling at the initial evaluation can obscure changes in the shape of the nose (and this is where imaging can be of assistance). With a decrease in swelling, the decision will be made if surgery is needed. Healing in children is faster than in adults so it is especially important that they have prompt follow up.

A closed nasal reduction is a procedure done to realign the fractured nasal bones. The nose bones are still mobile during the first 7-10 days and can be manipulated back in place and stabilized with a nasal cast worn for 7 days. This procedure generally takes 15 minutes and is done as an outpatient surgical procedure. If surgery is not done within this time frame, the bones begin to heal. To straighten the nose at this point, the bones have to be rebroken — a procedure called a septorhinoplasty — usually several months after the injury. A treatment delay is more serious in young children (less than 13 years) because the kind of extensive nasal procedures used after bone healing has occurred can disturb facial growth.

Nasal fractures are readily treated but patients should ensure they seek medical attention right away and have prompt follow up so that if surgery is needed, there are no delays and the shape of the nose is restored.

Bio — Dr. Sydney C. Butts is board certified by the American Board of Otolaryngology. She is fellowship trained in Facial Plastic Surgery and board certified by the American Board of Facial Plastic and Reconstructive Surgery. Her two primary offices are located in Brooklyn Heights at 185 Montague St., 5th Floor, Brooklyn, NY 11201 (718-780-1498) and at SUNY Downstate Medical Center at 470 Clarkson Ave., Suite H, Brooklyn, NY 11203 (718-270-4701).

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Dr. Sydney C. Butts, board certified, the American Board of Otolaryngology



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Brooklyn, NY
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