

Nasal septal haematoma: a post-traumatic complication

Sir,

A nasal septal haematoma is a collection of blood in the potential space between the nasal septal cartilage and its overlying mucoperichondrium. It occurs as a consequence of shearing forces and small vessel rupture in 1% of nasal trauma cases (Zielnik-Jurkiewicz et al, 2008). If left untreated the haematoma may cause necrosis of the nasal cartilage. Furthermore, the combination of haematoma and necrotic tissue facilitates bacterial colonization and subsequent abscess formation, with *Staphylococcus aureus* responsible in 80% of cases (Alshaikh and Lo, 2011).

Cartilage destruction secondary to nasal septal haematoma or abscess may result in permanent septal perforation or 'saddle-nose' deformity. Significant intracranial infection or meningitis can occur if these cases are missed or inadequately treated, the importance of early recognition is therefore vital.

Patients typically present 6 days post-injury complaining of nasal obstruction (95% of cases), pain (50%), rhinorrhoea (35%) and fever (25%) (Canty and Berkowitz, 1996). Clinically, nasal septal collections appear as fluctuant swellings on one or, more commonly, both sides of the nasal septum. All nasal septal haematomas and abscesses require immediate referral to ear nose and throat surgery (Junnila, 2006) and surgical intervention (Ngo, 2009) This includes incision and drainage followed by nasal packing, with staggered

incisions should bilateral haematomas be present to avoid septal perforation. Antibiotic cover is necessary and aspirated fluid should be sent for microscopy, culture and sensitivity.

Given the serious unwanted complications of nasal septal abscess formation, the importance of thorough nasal examination after any facial trauma is understandable. Even if a haematoma is not immediately apparent, patient education regarding symptom recognition over the days following the event is of paramount importance. Clinicians should have a low threshold for attributing symptoms of nasal obstruction to nasal septal haematoma or abscess, in cases of nasal trauma, however mild they may seem.

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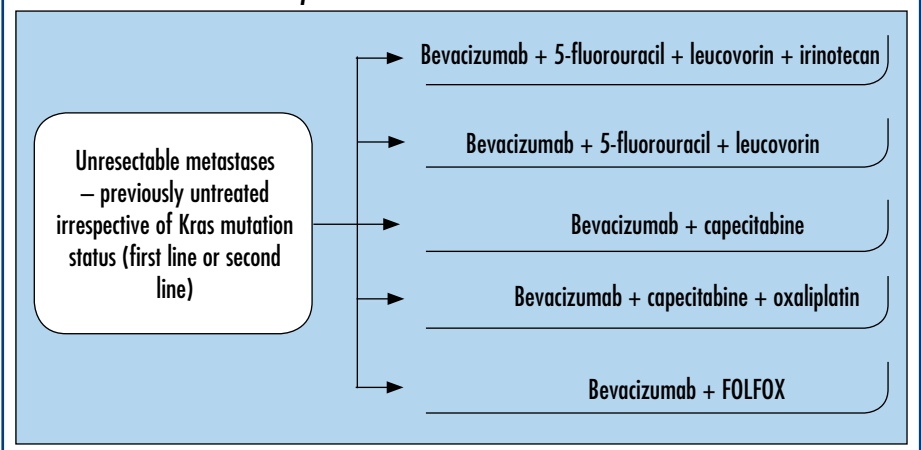
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Correction

There was an error in *Figure 1* of *Use of bevacizumab in the treatment of metastatic colorectal cancer* (vol 73(1), 2012, p. 25). The correct version is printed below. The bullet points on p. 25 should also have read 5-fluorouracil and leucovorin and bolus irinotecan-based chemotherapy (irinotecan plus fluorouracil and leucovorin). We apologize for any confusion caused.

Figure 1. UK expert recommendations on the use of bevacizumab for the treatment of metastatic colorectal cancer. FOLFOX = oxaliplatin + 5-fluorouracil + leucovorin.



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