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Figure 1. Photo with significant clinical finding in left nostril.



Figure 2. Photo of left nostril after medical intervention. Used with permission of Jennie A. Buchanan, MD, Department of Emergency Medicine, Denver Health and Hospital Authority, Denver, CO.

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A 46-year-old restrained passenger in a single-vehicle motor vehicle crash presents with multiple facial contusions and a 3-cm laceration at the base of his nose. An examination was performed (Figure 1).

*For the diagnosis and teaching points, see page 549.
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IMAGES IN EMERGENCY MEDICINE

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DIAGNOSIS:

Septal hematoma. A septal hematoma occurs when the space between the nasal cartilage and the supporting perichondrium becomes filled with blood or other fluid. More common in the pediatric population than adult, it is critical to perform a thorough physical examination to detect this defect, especially in a victim of trauma, who may have other distracting injuries.¹ Left untreated, the blood-filled hematoma can become infected, leading to abscess formation.² Disrupted blood supply to the cartilage causes necrosis, which can deteriorate into a disfiguring saddle-nose deformity. Treatment consists of fishmouth incision and drainage of the hematoma (Figure 2), with removal of any clotted blood.³ The wound can then be packed for 2 to 3 days with an anterior nasal packing. Drains or sutures are occasionally utilized. Follow-up should be arranged with otolaryngology for reassessment and removal of any packing, sutures or drains.

Although generally found in trauma or with congenital malformations, rare causes of septal hematoma include sinus infections. Organisms implicated in abscess formation are *Staphylococcus aureus*, *Streptococcus pneumoniae*, and group A B-hemolytic streptococcus. Anesthesia can be attained with 2% (2gm/100mL) lidocaine, or a topical 4% (4gm/100mL) cocaine solution can be used by saturating a 2×2 piece of gauze and packing the affected nares for 3 to 5 minutes, providing vasoconstriction in addition to decreasing sensation.

REFERENCES

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