Nasal Fracture

Disclaimer

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Background

About nasal fractures

➢ Usually caused by direct blow to nose.
➢ Results in nasal pain, epistaxis, swelling, crepitus, deformity, and mobility of nose.
➢ Fractures to the nasal bones can cause significant swelling, which may worsen up to day 5
   and then gradually improves over the following 10 days.
➢ Deformity of nose may not be obvious until the swelling has settled and may only be
   apparent to the patient if their glasses do not sit correctly.
➢ Residual obvious nasal deviation or nasal passage obstruction requires manipulation under
   anaesthetic.

Red flags

➢ Compound fracture
➢ Other facial fractures (maxilla, zygomatic arch)
➢ Suspicion of septal haematoma
➢ Clear watery fluid running from nose (may indicate cerebrospinal fluid (CSF) leak)
➢ Epistaxis that fails to settle
Assessment

Practice Point

Routine X-ray not required

Routine X-ray is not required – undisplaced fractures do not require intervention and displaced fractures will be clinically evident.

1. Examination:
   - Check for red flags, including septal haematoma.

Septal haematoma

- Look up nose for boggy or cherry red swelling.
- Palpate septum to discriminate between inflammation and a haematoma of deviated septum.

- Look for obvious bony deviation (best assessed immediately, or after 48 hours).
- Exclude a maxillary fracture.

Maxillary fracture

- Look and feel for a step in the infraorbital rim, infraorbital paraesthesia or dental malalignment.
- Check eye movements.
Assess the mechanism of injury and, where appropriate, examine for head injury, concussion, and neck injury.

2. Routine X-ray is not required as displaced fractures will be clinically evident.

Management

1. Provide immediate management if applicable:
   - Control bleeding with local pressure to the soft part of the nose and ice to reduce swelling.
   - Repair minor lacerations with sutures or tissue adhesives.
   - Consider antibiotics and tetanus immunisation.

2. If the nasal bones are acceptably straight, manage conservatively and review at 48 hours. If nasal deformity becomes more obvious as swelling reduces, consider arranging immediate ENT referral or admission.

3. If deep lacerations, request immediate ENT referral or admission or immediate plastic surgery referral or admission.

4. If septal haematoma or concern about CSF leak, request immediate ENT referral or admission.

5. If there is an associated maxillary fracture, request urgent plastics or maxillofacial surgery assessment.

6. If nasal deviation, cosmetic deformity, or nasal passage obstruction found at 48 hour review:
   - request an immediate ENT referral or admission for manipulation under anaesthetic.
   - consider referral to private ENT surgeon within one week, if appropriate. Do not refer nasal fractures to outpatients.

7. Ensure surgery is performed within 14 days of injury for adults, or 3 to 5 days for children, while the fracture is still pliable.

Referral

- If septal haematoma or concern about CSF leak, request immediate ENT referral or admission.
- If deep laceration, request immediate ENT referral or admission or immediate plastic surgery referral or admission.
- If associated maxillary fracture, request urgent plastics or maxillofacial surgery assessment.
- If nasal deviation, cosmetic deformity, or nasal passage obstruction found:
  - request an immediate ENT referral or admission for manipulation under anaesthetic.
  - consider referral to private ENT surgeon within one week, if appropriate. Do not refer nasal fractures to outpatients.

Information

For health professionals
Further information

- Patient – [Nasal Injury and Nasal Foreign Bodies](#)
- RACGP – [Traumatic Nasal Injuries In General Practice](#)

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