

Severe iatrogenic nostril stenosis

Sir,

We have read with great interest, the article^[1] of Ebrahimi and Shams concerning a case with severe post-operative nostril stenosis in a female patient who underwent multiple – primary and secondary – rhinoplasty operations.

The risk of nostril stenosis development after primary rhinoplasty is not high but the cost following it can be, especially important. The appearance of a severe complication following a purely aesthetic surgical intervention can turn a healthy person to a patient with unexpected consequences. We believe that, in such cases where nostril constriction is possible to happen due to nasal valve intra-operative injury, prevention might be the best solution following the basic “better safe than sorry” principle.

Many different internal nasal splints^[2-4] have been proposed over time. In similar cases where the nasal valve was affected, we have used a simple, “handmade” internal nasal splint made of X-ray film pieces [Figures 1 and 2]. We have recently used them not only on post-nasal valve injury patients with high risk of nostril stenosis development but also as a standard post-rhinoplasty splint. Their

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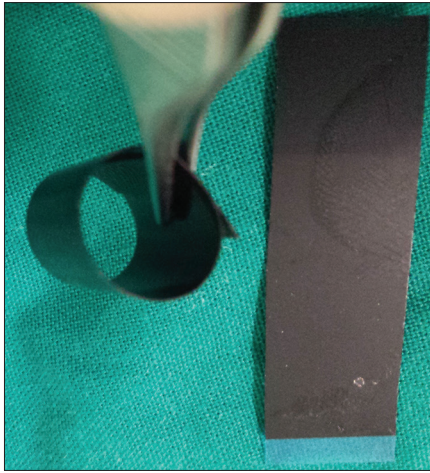


Figure 1: X-ray film piece formed as cylinder splint



Figure 2: Splints placed into the nostrils post-operatively

use is based on the creation of a cylinder splint, taking advantage of elastic properties of an X-ray film. After forming the splint and placing into the nostrils, it tends to unfold maintaining intra-nasal space and keeping the airway open and easily accessible [Figure 2].

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Conflicts of interest

There are no conflicts of interest.

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REFERENCES

1. Ebrahimi A, Shams A. Severe iatrogenic nostril stenosis. *Indian J Plast Surg* 2015;48:305-8.
2. Wolfe SA, Podda S, Mejia M. Correction of nostril stenosis and alteration of nostril shape with an orthonostic device. *Plast Reconstr Surg* 2008;121:1974-7.
3. Sekine K, Matsune S, Shiiba K, Kimura M, Okubo K, Kaneshiro T, *et al.* Treatment of nostril and nasal stenosis due to facial burn using a self-expandable metallic esophageal stent. *Auris Nasus Larynx* 2015;42:348-52.
4. Egan KK, Kim DW. A novel intranasal stent for functional rhinoplasty and nostril stenosis. *Laryngoscope* 2005;115:903-9.

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