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

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].

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

**Leonidas Pavlidis,
Georgia Alexandra Spyropoulou,
Fotios Chatzinikolaou¹,
Efterpi Demiri**

Departments of Plastic Surgery and ¹Forensic Medicine and Toxicology, Aristotle University of Thessaloniki, Thessaloniki, Greece

Address for correspondence:

Dr. Leonidas Pavlidis, Mikroulea 25, 55132, Thessaloniki, Greece.
E-mail: leopavlidis@gmail.com

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 orthonostric 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.

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

Access this article online

Quick Response Code:

Website:

www.ijps.org

DOI:

10.4103/0970-0358.197248

How to cite this article: Pavlidis L, Spyropoulou GA, Chatzinikolaou F, Demiri E. Severe iatrogenic nostril stenosis. *Indian J Plast Surg* 2016;49:431-2.

© 2016 Indian Journal of Plastic Surgery | Published by Wolters Kluwer - Medknow