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Fellow's Column: Congenital Dislocated Nasal Septum

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"We present a case of a newborn infant who was noted to have abnormal nasal deviation at birth and found to have dislocated NS. The infant subsequently underwent a closed nasal reduction shortly after birth. "

Nasal septal (NS) dislocation at birth presents as septal deviation. The incidence of neonatal NS deviation varies from 3-30%. [1,2] We present a case of a newborn infant who was noted to have abnormal nasal deviation at birth and found to have dislocated NS. The infant subsequently underwent a closed nasal reduction shortly after birth.

"The blunt end of a scalpel handle was placed into the right nare, and medial and upwards pressure was exerted on the septum to reduce it back onto the maxillary crest. The process was repeated several times until adequate reduction was achieved, and patency was confirmed by introducing a small cottle that could pass through the nasal cavity with little resistance (Figure 1 B). "

Case:

A term female infant is delivered to a primigravida mother. Antenatal ultrasound showed normal nasal anatomy of the fetus. A cesarean section was performed due to fetal intolerance to labor. The Apgar scores were 8 and 9 at one and five minutes. On physical examination, a deformed nasal bridge with asymmetrical nares was noted (Figure 1 A). The infant was breathing normally with no signs of respiratory distress. An otolaryngology consult was obtained, and a decision was made to proceed with surgery. The infant was taken to the operating theater, placed under general anesthesia, and intubated. The blunt end of a scalpel handle was placed into the right nare, and medial and upwards pressure was exerted on the septum to reduce it back onto the maxillary crest. The process was repeated several times until adequate reduction was achieved, and patency was confirmed by introducing a small cottle that could pass through the nasal cavity with little resistance (Figure 1 B). The infant was transferred back to the neonatal ICU. The postoperative course was unremarkable. Ultimately, the patient was discharged home in stable condition with scheduled outpatient follow-up with physical therapy for the treatment of the torticollis and plastic surgery for ear molding.

" The infant was transferred back to the neonatal ICU. The postoperative course was unremarkable. Ultimately, the patient was discharged home in stable condition with scheduled outpatient follow-up with physical therapy for the treatment of the torticollis and plastic surgery for ear molding."

Discussion:

Due to fetal intolerance to labor, there was a history of cesarean section; an acquired (traumatic) dislocation was questioned. However, upon further evaluation in the NICU, the infant was noted to have a lidding ear deformity on the right and torticollis and plagiocephaly. Given the numerous asymmetrical physical exam findings, the nasal septal deviation was considered congenital. While a higher incidence of nasal deformities and torticollis has been as-

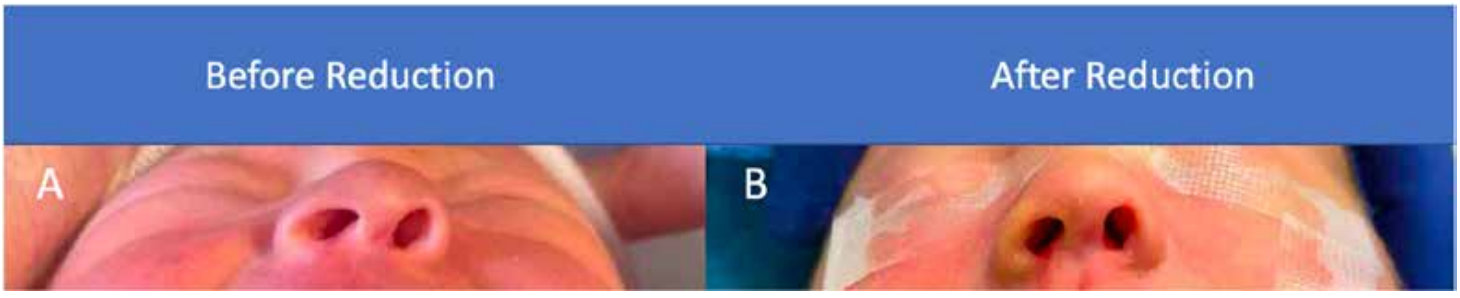

Figure 1 A: Pre-op nasal view showing asymmetrical nares with septal deviation .

Figure 1 B: Post-op nasal view showing less asymmetry of nares

sociated with birth difficulties, instrumental deliveries, and cesarean sections, fetal positioning may also contribute to craniofacial abnormalities. [3,4] Asymmetric physical features can be due to fetal malpositioning and should prompt further evaluation to ensure diagnoses and early interventions are integrated into a patient's care. A thorough physical examination remains quintessential to the practice of medicine.

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