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The tension nose

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The tension nose is a condition in which the skin and mucosa of the nose have been stretched by disproportionate growth of the underlying bone and cartilage. Cottle pointed out that stretching of the mucosa thins out the blood vessels and nerves (Barelli, 1982). This condition also occurs over sharp ridges and spurs in the nose and can lead to atrophy and perforation.

The patient often complains of headache and difficulty in breathing. They often complain of the appearance of their nose.

Chessen and Philpott (1955) pointed out that the tension nose typically has a long straight septum which seems to be trying to escape from the nose. There is often a cartilaginous hump and the upper lateral cartilages are pulled closer to the septum. The tip or lobular cartilages are often small. The skin and mucosa are stretched thin. A slight septal deviation in the valve region can cause severe breathing problems.

Rhinomanometry often shows elevated pressures on one or both sides with lowering of the flow. Of course, if there is a septal obstruction in the valve area, the pressure can be extremely high and the patient often becomes out of breath during the test.

Repeated injury, inherited characteristics, or surgery may all produce a tension nose. Removal of the membranous septum can also cause tension and a frozen columella. Inadequate removal of the anterior part of the septal cartilage during a rhinoplasty may produce a parrot beak affect which is really a cartilaginous hump creating tension.

Surgery of the tension nose depends on good surgery of the septum, upper lateral cartilages, nasal bones and sometimes the lobular cartilage. Parell et al. (1982) pointed out that the skin is thin leaving little error of surgical judgement or technique.

The nose needs to be lowered with preservation of the mucosal linings and the mucosal reflections. Both mucosal flaps in the caudal and anterior parts of the septum are elevated. All spurs and septal deviations should be corrected. The nasal dorsum is corrected through inter-cartilaginous incisions. The bony vault sometimes needs to be lowered by the push down procedure or it needs to be

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widened by out-fractures. Careful removal of the anterior part of the septal cartilage is done after separating the upper cartilages intra-septally. In some cases the tension is relieved by an inferior strip. The lobular cartilages seldom need any surgery; however, they can be separated and trimmed retrograde through the intercartilaginous incision.

This surgery has the affect of lowering the nose and taking the stretch off the mucosa and skin. Thus, the aesthetics and function of the nose are both improved.

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