

A Rare Condition of Nasal Doyle Splint Displacement After Septorhinoplasty

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Dear Sir,

Nasal splints are used to provide internal stabilization after septoplasty surgery, to prevent septal hematoma, to provide hemostasis, to prevent synechia and to help the flaps to sit in place [1]. However, no common opinion was provided as Lubianca found no statistically significant difference in hemorrhagic complications between insertions of nasal pads for 24 h or 48 h [2]. Various complications may occur due to nasal pad placement. There are risks such as aspiration, displacement of the splint, swallowing after nasal splint insertion. We report a case of nasal Doyle splint displacement after septorhinoplasty surgery.

A 32-year-old female patient was admitted to our clinic with complaints of difficulty in breathing and esthetic concerns of her nose. A septorhinoplasty operation was performed on the patient, and a silicone Doyle-type nasal splint was inserted into both nostrils and fixed with 3/0 vicryl suture. The patient was discharged on the first postoperative day. On postoperative day 3, the patient was called for nasal splint removal. Although the retained suture was in place, the right nasal splint could not be seen at the site. The patient did not interfere in the nasal splint but said that she had a feeling of something sticking out in

the throat with severe sneezing attacks on postoperative day 2. There were no symptoms related to the upper and lower respiratory tracts except this. In the detailed examination with the speculum, the right nasal splint could also not be seen. Anterior–posterior and lateral cervical vertebrae radiographs were taken after removal of the left nasal splint. The displacement of the splint toward the nasopharynx was revealed in the lateral cervical vertebrae radiograph (Fig. 1). The nasal splint was removed by endoscopic methods.

Two possibilities should be considered for the disappearance of a Doyle splint after septorhinoplasty operations. The first is that it may have been removed by the patient, and the second is the displacement of the splint through the oropharynx or nasopharynx. Radiological tests may be helpful in suspicious cases after taking the patient's anamnesis. Mundinger et al. [3] reported a 19-year-old woman who swallowed one of her nasal splints after a septoplasty operation. The splint was found in her stomach after plain radiography on the ninth postoperative day, and it was removed endoscopically with a snare loop.

We wanted to share this phenomenon that we rarely encountered in plastic surgery practice and, if necessary, confusion can be easily eliminated by radiological and endoscopic methods.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

Ethical Approval All procedures performed in this study involving human participant were in accordance with the ethical standards of the 1964 Helsinki declaration.

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Fig. 1 Doyle splint into the nasopharynx (arrow)

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