

Alar haematoma

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Abstract

We present two cases of alar haematoma. This is a very rare complication of nasal trauma, and only two cases have been described previously. One case presented late and did not undergo surgical drainage and has a persistent cosmetic deformity. We recommend early surgical drainage when possible.

Key words: Nose; Cartilage; Haematoma; Wounds and injuries

Case reports

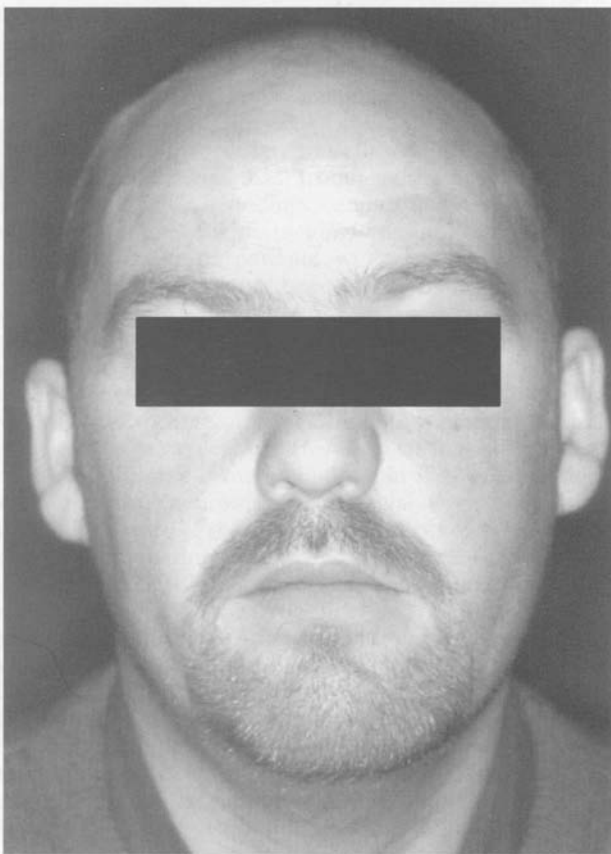
Case 1

An eight-year-old boy was referred from the accident and emergency department following a fall that day. He had tripped and struck the left side of his face on a windowsill. Examination revealed marked swelling of his left alar cartilage. There was no evidence of fractured nasal bones, nor of a septal haematoma. A diagnosis of left alar cartilage haematoma was made. He was taken to theatre and, under antibiotic cover, the haematoma was incised

through a left intercartilaginous incision. A small drain was left in situ for 48 hours. The patient was then discharged and reviewed two weeks later and noted to have a good cosmetic result with no residual deformity.

Case 2

A 29-year-old man was referred to the ENT Department having been assaulted with a baseball bat two weeks previously. His only facial injury was a haematoma of the left alar cartilage. The haematoma was very hard on palpation and was thought to have become organized. Incision and drainage was not deemed appropriate. On review four weeks later, the patient was found to have a persistent deformity of the left alar cartilage (Figures 1a and 1b). The patient declined the offer of surgery to improve the appearance of his nose.



(a)



(b)

FIG. 1

Left alar haematoma. (a) Facial view; (b) alar view.

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surgical drainage and had no residual cosmetic defect. *Case 2* presented too late for surgical drainage and was left with a cosmetic defect.

We recommend, when possible, early drainage of alar cartilage haematoma in order to avoid persistent nasal deformity.

References

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