CONDITION

Nasal septal hematoma

A nasal septal hematoma is trapped blood beneath the lining that nourishes the middle wall of the nose.

WHAT IT IS
Trapped blood beneath the nasal septum's lining

BODY SYSTEM
Nose and upper airway

MAIN SYMPTOMS
Blocked nose, septal swelling, pain, nosebleed

WHAT CAUSES IT
Nasal injury, surgery, or rarely abnormal bleeding

HOW IT IS DIAGNOSED
Examination inside the nose, sometimes needle aspiration

MAIN TREATMENT
Urgent drainage and antibiotics

CAN IT BE CURED?
Yes, prompt drainage removes the blood

IS IT AN EMERGENCY?
Yes, requires same-day emergency assessment

LONG-TERM OUTLOOK
Usually full recovery when treated promptly

Overview

A nasal septal hematoma is a collection of blood inside the nasal septum. The septum is the wall of cartilage and bone that separates the two sides of your nose.

The blood collects between the septum and its thin covering, called the mucoperichondrium. This covering supplies oxygen and nutrients to the septal cartilage. Trapped blood can lift the covering away and interrupt that supply.

Without timely treatment, the cartilage can become damaged. The trapped blood may also become infected, forming a nasal septal abscess. An abscess is a collection of infected fluid or pus.

A septal hematoma most often develops after an injury to the nose. It can occur even if the

nose does not look broken or crooked from the outside. Children may be at particular risk of the problem being missed because their symptoms can be difficult to describe.

A suspected septal hematoma needs same-day emergency assessment. It is usually treated by draining the blood. Early treatment helps protect the shape and function of the nose.

Symptoms

Symptoms usually begin after an injury or procedure involving the nose. They may develop soon afterward or become more noticeable over the next few days.

Common symptoms include:

The blockage may not improve after gently blowing your nose or using a decongestant spray. This is because the obstruction is caused by trapped blood rather than swollen surface tissue.

A septal hematoma may appear as a smooth red, purple, or pale swelling inside one or both nostrils. It can feel soft or springy when examined. Do not press or insert an object into the nose to check for it yourself.

Fever, worsening pain, pus-like discharge, or increasing redness and swelling may suggest that the collected blood has become infected. These symptoms need urgent assessment.

- A blocked nose, often affecting both sides
- Increasing pressure, pain, or tenderness inside the nose
- A soft or rounded swelling along the septum
- A nosebleed or blood-stained discharge
- Difficulty breathing through the nose
- A change in the shape of the nose

Causes and risk factors

Most nasal septal hematomas follow a direct injury. This may happen during sports, a fall, a collision, an assault, or a road accident. A relatively minor injury can sometimes be enough, especially in a child.

The condition can also occur after nasal surgery or another procedure involving the septum. Less often, it develops without a clear injury.

Factors that can increase the chance of bleeding include:

These factors do not mean that someone will develop a septal hematoma. Many people who develop one have no bleeding problem.

A hematoma is not the same as a simple nosebleed. During a nosebleed, blood usually leaves the nostril or travels down the throat. With a septal hematoma, blood remains trapped within the tissue of the septum.

- A bleeding disorder
- Medicines that reduce blood clotting
- A low platelet count, meaning too few blood-clotting cells
- Repeated trauma to the inside of the nose

Diagnosis

A clinician usually diagnoses a septal hematoma by asking about recent injuries, surgery, bleeding, and symptoms, then examining inside the nose.

They may first clear away blood clots using gentle suction. A nasal speculum, which is an instrument that holds the nostril open, may be used with a light to inspect the septum.

A hematoma generally looks like a smooth swelling that narrows the nasal airway. Unlike ordinary swelling of the nasal lining, it usually does not shrink when a decongestant medicine is applied during the examination.

The swelling may be touched gently with a blunt instrument to see whether it feels soft or fluid-filled. If the diagnosis is uncertain, a clinician may use a needle to draw out a small amount of blood. This is called needle aspiration.

Scans are not usually needed to confirm an uncomplicated septal hematoma. A CT scan may be considered when there may be other facial injuries, a more extensive infection, or complications involving nearby areas.

Treatment and management

A nasal septal hematoma usually needs prompt drainage. Waiting for the blood to disappear on its own can allow cartilage damage or infection to develop.

Drainage is normally performed by an ear, nose, and throat specialist or another clinician experienced in treating nasal injuries. Depending on the person's age, the size of the hematoma, and the injury, the procedure may use local anaesthetic to numb the nose or

general anaesthesia so the person is asleep.

A small cut is made inside the nostril so the collected blood can escape. The space may be rinsed, and any clotted blood is removed. If infection is suspected, a sample may be sent to a laboratory to identify the bacteria.

Packing, soft splints, a small drain, or stitches may be placed inside the nose. These help keep the tissue layers together and reduce the chance of blood collecting again.

Antibiotics like amoxicillin or doxycycline are commonly used because pooled blood can support bacterial growth and because drainage creates a small wound. The choice and length of treatment are based on factors such as infection, allergies, age, and local practice.

Pain relief may also be offered. After treatment, you will usually be advised not to blow, pick, or press on your nose while it heals.

Early follow-up is important. The nose needs to be checked for another collection of blood, infection, or problems with healing. Packing, splints, or a drain must be removed or managed according to the treating team's instructions.

Complications

The main concern is damage to the septal cartilage. Cartilage has a limited blood supply and relies on the surrounding lining for nourishment. A hematoma separates the two layers, which can cause some cartilage to die.

Loss of support may eventually cause the bridge of the nose to sink. This is called a saddle-nose deformity. Damage can also leave a hole in the septum, known as a septal perforation. A perforation may cause crusting, bleeding, blockage, or a whistling sound during breathing.

In children, severe cartilage damage may interfere with the normal growth of the nose and middle of the face.

The collected blood can become infected and form an abscess. Infection may damage cartilage more quickly. Rarely, it can spread to nearby facial tissues, the eye socket, the bloodstream, or structures inside the skull.

These complications are not inevitable. Prompt drainage and follow-up greatly reduce the risk.

Prevention

Not every nasal septal hematoma can be prevented. Accidents cannot always be avoided, and

rare cases occur without a clear injury.

You can reduce the chance of nasal trauma by wearing suitable protective equipment during contact sports, using seat belts, and following workplace safety measures.

After nasal surgery, follow the instructions about activity, nose blowing, wound care, and follow-up. Seek advice if blockage or pain increases rather than improves.

If you take medicine that affects clotting, do not stop or change it on your own after a nasal injury. Tell the clinician assessing you what you take, including non-prescription medicines and supplements.

The most useful way to prevent complications is to have persistent nasal blockage after an injury assessed promptly, even when the outside of the nose looks normal.

Living with it and what to expect

A septal hematoma is usually a short-term condition rather than a continuing illness. After drainage, pressure and blockage often begin to improve, although packing or splints can temporarily make the nose feel stuffy.

Tenderness, bruising, and swelling from the original injury may take longer to settle. If the nose was also fractured, further assessment may be needed after the swelling decreases.

A hematoma can collect again during early healing. Attending follow-up appointments allows this to be found and treated before it causes further problems. Take any prescribed antibiotics as directed and follow the instructions for caring for packing, splints, or drains.

When treatment occurs before major cartilage damage, the nose can often keep its usual shape and function. If cartilage has already been damaged, changes in appearance or breathing may develop over the following weeks or months.

Some people with lasting damage need reconstructive surgery. This is usually considered after infection and inflammation have settled. Children with significant septal damage may need longer follow-up because their nose and face are still growing.

When to get medical help

Seek same-day assessment in an emergency department if you develop new or worsening nasal blockage, internal swelling, or increasing pain after an injury or nasal procedure. Do not wait for a routine appointment, and do not try to drain the swelling yourself.

Urgent assessment is also needed for fever, pus-like discharge, worsening facial swelling, or

symptoms that return after a hematoma has been drained.

Call emergency services for:

Routine follow-up is appropriate after treatment when symptoms are stable or improving. Keep the arranged appointments even if the nose feels better, because an early recurrence may not be obvious.

- Serious difficulty breathing
- Heavy bleeding that does not stop with first aid
- Loss of consciousness, confusion, or a seizure after an injury
- Severe headache with vomiting, neck stiffness, or unusual drowsiness
- Rapidly increasing swelling around the eyes or changes in vision

Common questions

Can a nasal septal hematoma go away on its own?

It is not safe to wait for it to resolve. The trapped blood can interrupt the cartilage's blood supply or become infected. A suspected hematoma needs same-day assessment and usually needs drainage.

Is a septal hematoma the same as a deviated septum?

No. A deviated septum is a septum that is bent or displaced. A septal hematoma is trapped blood beneath its lining. An injury can cause both conditions at the same time.

How quickly can a septal hematoma cause damage?

Cartilage injury can begin within days, but there is no reliable safe waiting period. The timing is affected by the size of the collection, infection, and other injuries. Prompt assessment is recommended whenever one is suspected.

Will draining a septal hematoma hurt?

Anaesthetic is used to control pain. Adults may have the area numbed while some children and people with larger injuries may need general anaesthesia. The nose may remain sore afterward because of the procedure and original injury.

Will my nose return to normal after treatment?

Many people recover without lasting changes when the hematoma is treated promptly. The outcome is less predictable if cartilage damage or infection was already present. Reconstructive treatment may help with lasting blockage or deformity.

Can I exercise after it is drained?

You will usually need to avoid activities that could cause another blow to the nose while it heals. The timing for returning to exercise or contact sport should follow the instructions given after the procedure, especially if there was also a fracture.

Sources

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