SYMPTOM

Low nasal bridge

A low nasal bridge means the upper nose between the eyes looks flatter.

WHAT IT FEELS LIKE
Usually no sensation; the upper nose looks flatter

WHERE IT IS FELT
Upper nose between the eyes

MOST COMMON CAUSES
Natural variation, inherited features, early-childhood facial development

WHEN IT IS URGENT
New blockage or internal swelling after a nasal injury

USUALLY LASTS
Often lifelong, but injury-related changes depend on healing

SEE A DOCTOR IF
New, changing, or accompanied by breathing or development concerns

Overview

The nasal bridge is the upper part of your nose, between your eyes. A low nasal bridge has less height or projection than expected for a person's age and facial features. It may also be described as a flat or depressed nasal bridge.

A low nasal bridge is a physical feature, not a disease. It is often a normal part of someone's natural appearance and may run in families. The bridge is also naturally less developed in babies and young children.

Less often, a low bridge is one of several features linked to a genetic condition. A bridge that becomes lower or changes shape later in life may result from injury, surgery, inflammation, infection, or damage to the supporting cartilage.

There is no single measurement that defines a low nasal bridge for everyone. Age, family traits, ancestry, and the rest of the face all affect its appearance.

What it may feel or look like

A naturally low nasal bridge does not usually cause pain or another physical sensation. You may

notice that:

The apparent spacing of the eyes does not necessarily mean the eyes themselves are unusually far apart.

If the shape changed after an injury or illness, there may also be tenderness, swelling, a blocked nose, nosebleeds, crusting, or difficulty breathing through the nose. A marked dip in the middle of the nose is sometimes called a saddle-nose deformity . This is different from a stable, naturally low bridge present since childhood.

- The area between the eyes looks broad or flat
- The nose projects less from the face when viewed from the side
- Glasses slide down or rest on the cheeks
- The inner corners of the eyes appear farther apart

Common causes

Common and usually harmless causes: Natural facial variation is the most frequent explanation. A low bridge may be shared by relatives or be typical of a person's ancestry. Babies and young children also tend to have flatter nasal bridges because the nose continues to grow and change with age.

Congenital and genetic causes: "Congenital" means present from birth. A low nasal bridge can occur as one feature of some chromosome or genetic conditions. These conditions usually cause other recognizable findings, such as differences in growth, development, hearing, muscle tone, or other parts of the face and body. A low bridge by itself does not show that a child or adult has a genetic condition.

Acquired causes: A bridge that becomes lower later can result from a broken nose, previous nasal surgery, or damage to the septum. The septum is the wall of cartilage and bone separating the nostrils.

Less common causes include long-term inflammation, certain infections, and conditions in which the immune system attacks healthy tissue. Repeated use of drugs taken through the nose can also damage the septum and supporting cartilage.

After an injury, blood can collect inside the septum. This is called a septal haematoma . It can interrupt the cartilage's blood supply and needs prompt treatment.

When to seek medical care

A stable low bridge that has always been present and causes no problems does not usually need medical care.

Book a routine appointment if the shape is new or gradually changing, or if you have ongoing nasal blockage, repeated nosebleeds, crusting, pain, or concerns about appearance. A child should also be assessed if the feature occurs with feeding, hearing, growth, or development concerns.

Seek same-day medical care after a nasal injury if you develop increasing blockage or a soft, tender swelling inside either nostril. These can be signs of a septal haematoma. Increasing redness, warmth, pus, fever, or worsening pain also needs prompt assessment.

Seek emergency care after a facial or head injury if you have:

A new bridge collapse without an injury is not usually an emergency, but it should be assessed promptly, particularly if it occurs with persistent sinus symptoms, joint pain, skin changes, fever, or unexplained illness.

- Serious trouble breathing
- Bleeding that does not stop with firm pressure
- Clear, watery fluid draining from the nose
- Loss of vision, new double vision, confusion, or loss of consciousness
- A major facial injury or rapidly increasing swelling

How the cause is found

A clinician will ask when you first noticed the low bridge and whether it has changed. Childhood photographs and family photographs may help show whether it is longstanding or inherited.

They may ask about injuries, nasal surgery, breathing problems, nosebleeds, infections, medication, and substances used through the nose. For a child, the assessment may include growth, development, hearing, feeding, and family history.

The examination usually looks at the bridge from the front and side. The inside of the nose may be checked for swelling, a damaged septum, crusting, infection, or reduced airflow.

Tests are not always needed. Imaging may be used after significant injury or when deeper structural damage is suspected. Blood tests may be considered if symptoms suggest an inflammatory or immune-related condition. Genetic assessment may be offered when a low bridge occurs with several other congenital or developmental features; the bridge alone is not enough to make such a diagnosis.

Treatment and self-care

No treatment is needed when a low nasal bridge is a natural feature and is not causing functional or personal concerns.

For a recent minor injury, a wrapped cold pack and keeping your head raised may ease swelling while you arrange care if needed. Do not try to straighten or press the nose into shape yourself. Swelling can hide an injury, and internal blockage needs an examination.

Saline nasal spray may help dryness or crusting, but it will not change the bridge's shape. Massage, facial exercises, clips, and shaping devices cannot rebuild bone or cartilage.

If glasses do not fit well, adjustable nose pads, low-bridge frames, or help from an optician may improve comfort.

Treatment for an acquired change depends on its cause. A septal haematoma requires urgent drainage. Infection or inflammatory disease may need medical treatment. Surgery may be considered when structural changes cause persistent breathing problems or when appearance is a significant concern. For children, timing is individualized because the face is still growing.

What to expect

A naturally low nasal bridge often remains part of your facial appearance, although its proportions may change as the face grows. It does not usually lead to health problems.

After an injury, early swelling can make the final shape difficult to judge. Breathing and appearance may improve as swelling settles, but damage to bone, cartilage, or the septum can persist.

When another condition is responsible, the outlook depends on whether the supporting tissue has been damaged and how well the underlying cause can be controlled. Earlier assessment is useful when the bridge is progressively changing.

Common questions

Is a low nasal bridge the same as a broken nose?

No. A low bridge is often an inherited or developmental feature. A broken nose causes a new change after injury and may involve pain, swelling, bleeding, or blockage.

Does a low nasal bridge mean a child has a genetic condition?

Not by itself. Clinicians consider the child's overall growth, development, health, family traits,

and other physical features before deciding whether further assessment is appropriate.

Will a baby's nasal bridge become more prominent?

It may. The nasal bridge is naturally flatter in infancy and becomes more defined as the facial bones grow. The amount of change differs between children.

Can massage or exercises raise the bridge?

No. These methods cannot change the underlying bone or cartilage. Pressing on the nose may cause irritation or injury.

Can a low bridge cause breathing problems?

The bridge's appearance alone usually does not affect breathing. Blockage may occur if there is also a narrow airway, a bent or damaged septum, swelling, or collapse of the supporting nasal structures.

Sources

- MedlinePlus Medical Encyclopedia. "Low nasal bridge." U.S. National Library of Medicine
- Hennekam RCM, Cormier-Daire V, Hall JG, et al. "Elements of Morphology: Standard Terminology for the Nose and Philtrum." American Journal of Medical Genetics Part A . 2009;149A(1):61-76
- Royal Children's Hospital Melbourne. "Clinical Practice Guidelines: Nasal fracture"
- MSD Manual Professional Edition. "Fractures of the Nose"
- Durbec M, Disant F. "Saddle nose: Classification and therapeutic management." European Annals of Otorhinolaryngology, Head and Neck Diseases . 2014;131(2):99-106