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Deviated Nasal Septum in Left Side Nose: A Case Report

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ABSTRACT

Introduction: When the thin wall that separates your right and left nasal passageways, your nasal septum, is moved to one side, you have a deviated septum. A disorder that is present at birth can create a deviated septum. A deviated septum can form during prenatal development and become visible at birth in some situations.

Main symptoms and important clinical findings: One or both nostrils are blocked. This obstruction (blockage) can make breathing via the nose or nostrils difficult.

Nosebleeds: Pain in the face. During sleep, there is a lot of noise. The nasal cycle is something to be aware of. A preference for sleeping on one side over the other.

Patient information: A patient is 45year old, having chief complete is short ness of breath, chest pain, fatigue, coughing and weakness. Patient admitted in hospital on date 12-7-21.

Clinical findings: The patient appeared to be awake and oriented with individual on general inspection. Nasal bleeding, congestion, loss of smell, runny loses or post -nasal drip headache patient with clinical symptoms that are very similar to those of our case have lately been described.

Medical management: Decongestants are drugs that assist keep the airways on both sides of your nose open by reducing nasal tissue swelling. Antihistamines are antihistamines, which assist to avoid allergy symptoms such as a stuffy or runny nose. Steroid nasal spray.

Nursing Management: Administered fluid replacement (DNS and RL), maintained intake and output charts, and hourly monitored all vital signs.

Conclusion: Nasal obstruction is a prevalent complaint among patients when the septum is deviated, stressing the need for more effective procedures to aid physicians in recommending surgical therapy when a patient has a nasal septum deviation.

Key words: Deviated nasal septum, Septoplasty

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INTRODUCTION

If you have a significantly deviated septum that causes nasal blockage (obstruction), you may have the following symptoms: Dry mouth from continuous mouth breathing. In your nasal passages, you may experience pressure or congestion. Sleep disruption caused by the discomfort of not being able to breathe easily via your nose at night. The basic diagnosis, treatment action, and outcomes- When the thin wall that separates your right and left nasal passageways - your nasal septum – is shifted to one side, it causes a deviated septum. Decongestants are medications that reduce nasal tissue edema. You may have the following symptoms if you have a substantially deviated septum that causes nasal obstruction (obstruction): Continuous mouth breathing causes a dry mouth [1-3].

Nasal septal abnormalities play a key influence in nasal obstruction symptoms, nose aesthetics, increased nasal resistance, and snoring. As a result, a thorough examination of the nasal septum is critical for preoperative planning, reestablishing function, and

overall cosmetic appeal. Nasal septal abnormalities play a key influence in nasal obstruction symptoms, nose aesthetics, increased nasal resistance, and snoring. As a result, a thorough examination of the nasal septum is critical for preoperative planning, reestablishing function, and overall cosmetic appeal [2-4].

In most cases, a septoplasty is enough to correct substantial nasal septal abnormalities, but in rare cases, a single-stage sept rhinoplasty is required. The treatment of septum deviation is greatly dependent on the complaints and complications, and in some circumstances, an operational procedure is required to rectify the septum deviation in order to improve the nose's function as well as for cosmetic reasons. In most cases, a septoplasty is enough to correct substantial nasal septal abnormalities, but in rare cases, a single-stage sept rhinoplasty is required. The treatment of septal deviation is mainly reliant on the symptoms and problems, and in some situations, surgery is required. To improve the function of the nose as well as for aesthetic reasons, it is necessary to rectify the septum deviation. Septoplasty is a surgical treatment that involves repairing the cartilaginous and bony parts of a crooked septum to change its form or position [4,5].

Conventional septoplasty is performed using only the surgeon's eyes and headlights, which can result in poor visibility. The operator frequently struggled to assess the most severe section of the septal deviation. To improve the function of the nose as well as for aesthetic reasons, it is necessary to rectify the septum deviation. Septoplasty is a surgical treatment that involves repairing the cartilaginous and bony parts of a crooked septum to change its form or position. Conventional septoplasty is performed using only the surgeon's eyes and headlights, which can result in poor visibility. The operator frequently struggled to assess the most severe section of the septal deviation. Conventional septoplasty is performed using only the surgeon's eyes and headlights, which can result in poor visibility. The operator frequently struggled to assess the most severe section of the septal deviation [6-9].

Patient information

Patient specific information

A patient is 45-year-old. Having chief complaint is Difficulty breathing on one or both sides of the nose. Headaches or face pain. The patient weight is 55 kg. And the patient admitted in hospital on dated 12-7/2021.

Primary concern and main symptoms of the patient

Due to increased air flow drying up mucous membranes, crusting or dry nose is common, especially in the bigger nostril. While sleeping, there is a lot of noise. Pain in the face.

Primary concerns and symptoms of the patient

Present case visited AVBR hospital at medicine OPD on date 14-07/2021 with chief complaint of chief complaint of Numbness and tingling in their arms, fingers, and hands are common symptoms. Muscle weakness that makes grabbing and holding objects difficult. For 10 days, I've had neck pain and stiffness, as well as hypotension during the time of reporting.

Medical, family and psycho- social history

Patient having no any history of past.

In present Patient admitted in AVBRH hospital with Chief complaint of Difficulty breathing on one or both sides of the nose. Headaches or face pain etc.

Relevant past intervention with outcomes

Present case had bad medical history. The patient was admitted in private hospital with chief complaint of chief complaint of Numbness and tingling in their nose. Muscle weakness that makes grabbing and holding objects difficult. For 10 days, I've had neck pain and stiffness. That time patient general condition was poor so patient was referred to AVBRH sawangi wardha for further management

Clinical findings

The patient was conscious and well oriented to date, time and place. His body built was moderate and she had maintained good personal hygiene. Her hemoglobin was low i.e. 9gm, pulse rate was slightly increased. Blood pressure was 100/70 mmhg.

Timeline

Present case had bad medical history. The patient was admitted in private hospital with chief complaint of chief complaint of their arms, fingers, and hands are numb and tingling. Muscle weakness that makes grabbing and holding objects difficult. Pain and in the nose for 10 days. That time patient general condition was poor so patient was referred to AVBRH sawangi wardha for further management.

Diagnostic assessment

On the basis of patient history, physical examination, blood investigation and other investigations the patient is having hypotension (HTN) cervical myelopathy. the blood test sample report as Hb % 8.7gm and total RBC is 5.41 and WBC count 20300 and total platelet count 2.74. x ray was done.

Blood sugar was normal but Hemoglobin level was decrease. Urea serum was slightly decreased. Total WBC count was increased. Blood pressure was 120/80 mmhg. No challenges experienced during signposting evaluation. Prognosis: Blood investigations show that the Hemoglobin level slightly low, WBC level is increased.

Therapeutic Intervention

Administration of therapeutic intervention (such as dosage, strength, duration). Decongestants are drugs that assist keep the airways on both sides of your nose open by reducing nasal tissue swelling. Antihistamines. Antihistamines are antihistamines, which assist to avoid allergy symptoms such as a stuffy or runny nose. Sprays of steroid in the nose. The patient was given oxygen therapy.

Nursing perspectives

IV fluid was provided to maintain the fluid and electrolyte. Monitored fatal heart rate and vital signs per hourly.

Follow- up and outcome

Clinical and patient assessed outcome

In spite of the all care of patient progress in active health of the patient care of the present regular medication, healthy diet they will be recover and health status are improved more than before condition.

Important follow up diagnostic and other test result

Change occurs in all sign and symptoms such as breathing difficulty, sneezing, headache, pain.

DISCUSSION

A scientific discussion of the case report's advantages and disadvantages. Septal deviations are essential for proper nasal breathing. Unrecognized internal nasal septal deviations are the major cause of unsuccessful rhinoplasty outcomes due to the critical role of the internal nasal septal deviation in migration and subsequent deviation of nasal bones and lateral cartilage. A scientific discussion of the case report's advantages and disadvantages. Proper nasal breathing necessitates septal deviations [10-12].

The most common reason of rhinoplasty failure is internal nasal septal defects that go undiagnosed. Because the internal nasal septal deviation plays a key role in migration and subsequent deviation of the nasal bones and lateral cartilage Proper nasal breathing necessitates septal deviations. The most common reason of rhinoplasty failure is internal nasal septal defects that go undiagnosed. Because the internal nasal septal deviation plays a key role in migration and subsequent deviation of the nasal bones and lateral cartilage. As a result, up to 50% of instances of posttraumatic nasal malformation necessitate revision rhinoplasty or sept rhinoplasty. The following is a summary of the relevant medical literature: Furthermore, there is a symbiotic relationship between exterior nasal abnormalities and interior nasal septal aberrations. As a result, revision rhinoplasty or sept rhinoplasty is required in up to 50% of cases of posttraumatic nasal deformity. The following is a summary of the relevant medical literature: Furthermore, there is a symbiotic relationship between exterior nasal abnormalities and interior nasal septal aberrations. During the physical exam, accurately assessing these elements and qualities is critical for enhancing the assessment and preoperative planning process. Eliciting a history of specific trauma and matching the intricacies of the injury with specific findings on exterior and internal examinations ensures the correctness of the assessment. During the physical exam, it is critical to accurately identify these qualities and traits in order to optimize the assessment and preoperative planning process. The accuracy of assessment is ensured by eliciting a history of specific trauma and matching the subtleties of the injury with specific findings on exterior and internal examinations [13-15].

CONCLUSION

C-shaped or reverse -C-shaped deviations in the anteroposterior and cephalocaudal dimensions, as well as S-shaped or reverse S-shaped deviations in the anteroposterior and cephalocaudal dimensions, can be summarized in the majority of the currently published classification systems for internal nasal septal deviations. Imaging investigations will be conducted at predetermined locations along the septum. Future research can be aided by using the same nomenclature. Anteroposterior and cephalocaudal dimension deviations predetermined sites along the septum have been designated for imaging studies. Future research will be aided by the use of common nomenclature.

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