

Empty Nose Syndrome

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First of all I would like to thank *AS Otolaryngology Journal*, for giving me an opportunity for writing this editorial note.

Being an ENT specialist, I have encountered a few cases of Empty nose syndrome. I found it demanding to manage with psychological issues associated with it. Underneath is the brief review about this challenging issue.

Empty nose syndrome (ENS) is an unusual, late complication of turbinate surgery. The most common clinical symptoms are paradoxical nasal obstruction (physical examination usually reveals widely patent nasal cavities and manometry studies demonstrate normal to low nasal resistance) nasal dryness and crusting, and a persistent feeling of dyspnea [1,2].

Pathogenesis of ENS is not established, though it is speculated that anatomical changes leading to modifications in local environment, disruption of mucosal cooling, and disruption of neuro-sensory mechanisms are strongly associated. It is predicted that the sensation of nasal patency is largely dependent on mucosal cooling, wherein laminar airflow enters the nasal cavities and is distributed to all nasal cavity mucosa by turbulent flow from contact with the turbinate's, driving local temperature and humidity changes [3,4].

The diagnosis is clinical, though often difficult to make due to the poor correlation between subjective and objective findings. ENS is a diagnosis of exclusion and should be made from integrating a comprehensive patient history with endoscopic nasal examination [1].

Treatment options include medical and surgical therapies. Medical therapies include mucosal humidification, irrigations, and emollients. Surgical therapy should be reserved for refractory cases and may involve turbinate reconstruction, most commonly using implantable biomaterials such as temporalis fibro muscular graft, cartilage, silastic, hydroxyapatite cement, hyaluronic acid,

acellular dermal matrix [5]. Few patients also need psychological counseling.

Eventually, prevention of this dreaded complication through turbinate-sparing techniques is essential. And ENT surgeon should avoid conventional turbinectomy.

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