**Introduction**

In this chapter, we review the management of the acute nasal fracture. The nasal bones are the most commonly fractured bones in the face. Acute nasal fracture may result in both nasal deformity and nasal airway obstruction. However, some controversy still surrounds the management of acute nasal fractures. A review of the literature demonstrates a lack of consensus about the timing of repair of the acute nasal fracture, the anesthesia used during the repair, and the type of procedure performed. Furthermore, the frequency of post-reduction nasal deformities reportedly requiring subsequent rhinoplasty or septo-rhinoplasty ranges from 14% to 50%.

A thorough history of the mechanism of injury and a detailed physical examination guide the surgeon in deciding how to treat the acute nasal fracture, with special attention dedicated to the septum, because improper reduction of the injured septum is the usual cause for the high incidence of post-reduction nasal deformities.

**Incidence**

Nasal bones are the most commonly fractured bones in the face. While reports estimate the annual incidence of nasal fractures in the United States as 52,000, the actual number may be higher for a variety of reasons, including the fact that severely traumatized patients with life-threatening injuries may have nasal fractures that go unrecognized. The mechanism of injury is usually blunt trauma, which can occur in assault, motor vehicle accidents, falls, or sports-related injuries. Previous nasal surgery may affect the incidence of acute nasal fracture; a patient who undergoes rhinoplasty is at an increased risk of nasal fracture, particularly within the first year following the rhinoplasty procedure.

Nasal fractures in the pediatric population may be overlooked. The pediatric nose is mostly cartilaginous and the nasal bones are small; therefore, in comparison to the adult nose, the pediatric nose is softer, more compliant, and less likely to sustain displacement when fractured. Yet, pediatric nasal fractures do occur. A review of the pediatric facial fractures in the National Trauma Data Bank demonstrated a 30.2% incidence of nasal fractures in children and adolescent trauma patients (ages 0–18 years). The most common mechanisms of injury are motor vehicle accidents, violence, falls, and sports-related injuries. Another potential cause of nasal fracture in the pediatric population is birth trauma. Birth trauma, from intruterine forces, breech delivery, or forceps-assisted delivery, may result in congenital deviation of the nasal septum. Although the deviation can be treated easily, expeditiously, and usually without complication in the neonatal period, the deviated septum can be overlooked. The pediatric nose is very susceptible to