

Nasal Scarring by Joss Stick Burns

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Summary

Vasomotor rhinitis is a common condition in Malaysia. Patients' dissatisfaction with medical treatment of this recurring condition leads them to seek other forms of traditional cures. This paper highlights the complications in such patients who seek traditional cures for their chronic condition.

Key words: Nasal scarring - Nasal stenosis.

Introduction

There is widespread treatment of various ailments in this country by traditional medicine men such as the sinseh and bomoh. The burning of nasal passages using joss sticks is a type of treatment for chronic rhinitis by the Chinese sinseh (Chinese traditional medicine man). Eight cases of such treatment are discussed.

Vasomotor rhinitis is a common condition in Malaysian ENT practice. It is characterised by bilateral nasal obstruction, sneezing and watery nasal discharge.

Chronic rhinitis can be due to allergy or vasomotor rhinitis. Vasomotor rhinitis is caused by an imbalance of the parasympathetic and sympathetic functions. These patients had usually seen many doctors for their chronic conditions and were prescribed various antihistamines for temporary relief. Failure to respond to medical treatment leads to surgical treatment which include submucous cautery, surface diathermy and/or trimming of the turbinates. Patients who fail to experience an improvement to their symptoms after these treatments, seek out traditional treatment for their condition. These include various concoctions of herbs, powders and medications. One form of treatment includes the insertion of burning joss-sticks into the patient's nostrils to effect a "thermal surface cautery" of the turbinates. The results of this procedure are variable but the complications include nasal stenosis, alar scarring, nasal adhesions, crusting and nasal blockage, which can be total.

The pathogenesis of this adhesion is due to the trauma to the nasal passages caused by the indiscriminate burning with these joss sticks. On coming into contact the adjacent parts which are traumatised get fused by fibrosis to produce the stenosis.

Materials and Methods

The records of the ENT unit at the University Hospital, Kuala Lumpur were reviewed over the last two years. They revealed eight cases of nasal joss stick burns resulting in nasal stenosis, alar scarring and nasal adhesions. All patients had a long history of suffering from VMR, with duration ranging

from 2-8 years (mean 3.2 years). They had sought treatment from various doctors and were dissatisfied with the treatment. Five of them had treatment from ENT doctors and had undergone submucosal cauterly, and two subsequently underwent bilateral inferior turbinectomy. They finally sought treatment from the sinseh on the advice of their colleagues.

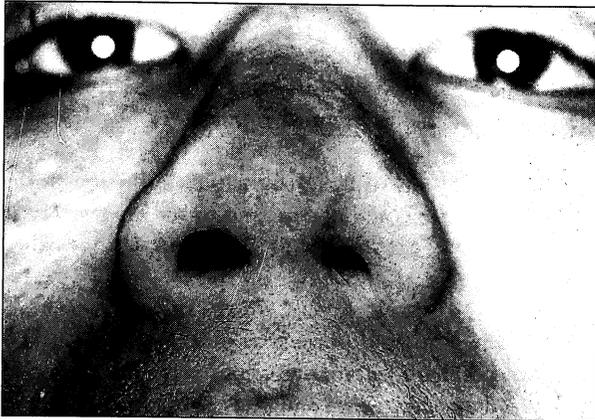


Fig. 1 : Pre-operative photograph of a patient with nasal stenosis



Fig. 2 : Post-operative photograph of the same patient showing widened nasal vestibule and nasal cavity

On examination of the nose, most patients had mainly cicatrisation and stenosis of the vestibule. The patients seen at our unit were healthy young adults in their late thirties and forties (mean age 36.4 years). There were seven males and one female. The average time from initial treatment with the sinseh and ENT consultation at our unit was two months, ranging from one month to four months, indicating the seriousness of the complications. All the patients were given symptomatic treatment for the nasal crusting and pain. They were advised surgery to correct their scarring and stenosis. Fortunately 62.5 per cent had a unilateral problem that required surgical correction.

The majority of the patients had stenosis of the internal valve of the anterior nasal cavity since this is the most narrow part of the nasal passage. Alarotomy or incision along the nasolabial sulcus gave a good exposure to the vestibular area whereby we were able to excise the fibrotic and scar tissue around the internal valve and close the incision primarily, by undermining and advancing adjoining skin. The surgical procedures employed included release of adhesions, alarplasty, z-plasty and rotational flaps.

CASE REPORT

The aim of these treatments was to excise the fibrotic tissue and release adhesions. The raw contiguous areas are covered with skin to prevent restenosis. If needed a sialastic mesh can be tacked to the apex of the internal valve to keep its sides apart. This can be removed subsequently after two weeks.

Discussion

Vasomotor rhinitis is a condition that is difficult to treat and usually recurs after a few months or years depending on the cause and treatment instituted. Patients' dissatisfaction from the treatment, leads them to seek alternative treatment, especially from traditional medicinmen.

The burning joss stick causes thermal burns and scarring produced by inflammation. Adhesions form between the septum and turbinates, leading to further scarring and obstruction to the airway. Nasal crusts persist and aggravate the obstruction. This results in a foul smell from the patient which further isolates the patient and aggravates his misery.

Treatment of nasal scarring and stenosis is difficult. The numerous procedures described attest to the complexity of the problem. Alarplasty, Z-plasty, mucosal flaps and rotational skin flaps are combined with sialastic implants and stenting tubes to open up the nasal passage and prevent further restenosis. The results of the operations are fairly satisfactory, ranging from 65 per cent - 84 per cent. Some difficult cases may require two or more procedures for a successful outcome.

From the review of literature about nasal stenosis and its management, it is evident that not much has been reported. Nasal stenosis has been mostly due to postsurgical trauma the adjacent mucosal areas eg. septum and turbinates.

Treatment of vasomotor rhinitis is difficult and complex. Recurrence of the chronic symptoms after medical treatment leads to patient dissatisfaction. Such patients who then seek traditional cures can end up with serious complications which bring misery and require surgery for their improvement.

References

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