Opinion

Empty Nose Syndrome May Be the Chief Criminal Behind Many of the Worst Atrocities against Rhinologic Medical Staff in China

But the doctor found nothing wrong but an apparently satisfactory anatomic result. Finally, the unbearable pain evacuated his mind of reasons; the person went from a patient in need of rescue to a cruel murderer in only one year.

Why the number of doctors is killed working in the Department of ENT on the increase? The answer seems to be obvious: With the popularity of turbinate reduction (e.g., radiofrequency catheter ablation (RFCA)) in nose surgery, the frequency of ENS goes up continuously. This trend poses serious problems for physician-patient disputes.

Prevention is the most important strategy. According to Chhabra and Houser [1], standardized conservative treatment should be the first choice for any nasal disorders, surgical therapy can be employed under the conditions of no-effect on conservative treatment, and we should prevent any unlimited expansion of nasal volume operation. If turbinate reduction is necessary, then techniques that preserve the mucosa (which contain the nerves responsible for sensation of airflow) should be used exclusively. The reconstruction of inferior turbinate with Medpor is a new promising approach to treat patients with empty nose syndrome [5].

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References