

Feng-Biao Wen^{1,2}, Song Zhao^{1*}, Yang Yang^{1,2}, Dong-Lei Liu¹ and Kai Wu¹

¹Department of Thoracic Surgery, The First Affiliated Hospital of Zhengzhou University, P.R. China

²Institute of Clinical Medicine, The First Affiliated Hospital of Zhengzhou University, P.R. China

Dates: Received: 22 July, 2015; Accepted: 07 August, 2015; Published: 10 August, 2015

***Corresponding author:** Song Zhao, Zhengzhou, Department of Thoracic Surgery, The First Affiliated Hospital of Zhengzhou University, Jianshe East Road No. 1, 450052, Zhengzhou, Henan, P.R. China, Email: zhaosong@zzu.edu.cn

www.peertechz.com

ISSN: 2454-2968

Opinion

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

Opinion

On Sep 3, 2012, several rhinology specialized medical staff members in Shenzhen Pengcheng Hospital were stabbed by a patient with blood-covered hands; on Oct 25, 2013, a chief physician of the otolaryngology department of the first People's Hospital of Wenling, was killed in his clinic while working on a patient. The recent events of violence against doctors in China have caused great shock throughout most of the country. We can't help wanting to ask: Who is at the bottom of all these troubles? Speaking of this problem, Empty nose syndrome (ENS) is an unavoidable topic.

In the past decade, ENS is becoming increasingly common iatrogenic disorder but poorly understood resulting from the destruction of normal nasal tissue [1]. ENS may have murdered many rhinologic medical staff indirectly, whereas this disease is still "fresh" in China because of lacking of enough attention and research about ENS in the general Chinese Medical Community.

Empty nose syndrome (ENS) is a complication of nose or sinus surgery, and of inferior turbinectomy in particular [2]. The main nasal functions (humidifying, warming, and cleaning the inspired air) are deteriorated by a significant reduction of respiratory mucosa in patients suffering from ENS. The loss of respiratory mucosa drastically diminishes the number of mechanosensitive, tactile, and temperature receptors [3]. Symptomatology is variable and changeable, the most common sign being paradoxical nasal obstruction [4].

Unfortunately, facing patients' medical consultation, some rhinologic medical staff are absolutely ignorant of ENS. About a year ago, the person who killed the ENT (ear-nose-throat) doctor in the first People's Hospital of Wenling had undergone septoplasty. However, the patient still complained about the sensation of nasal obstruction, even suffocation, difficult breathing after the operation. Suffering loss of nasal anosmia, fatigue, anxiety, irritability or depression, the patient had his nose examined over and over again.

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].

This article has been approved by all authors and has no financial or other conflict of interests.

References

1. Chhabra N, Houser SM (2009) The diagnosis and management of empty nose syndrome. *Otolaryngol Clin North Am* 42: 311-330.
2. Coste A, Dessi P, Serrano E (2012) Empty nose syndrome. *Eur Ann Otorhinolaryngol Head Neck Dis* 129: 93-97.
3. Freund W, Wunderlich AP, Stöcker T, Schmitz BL, Scheithauer MO (2011) Empty nose syndrome: limbic system activation observed by functional magnetic resonance imaging. *Laryngoscope* 121: 2019-2025.
4. Tam YY, Lee TJ, Wu CC, Chang PH, Chen YW, et al. (2014) Clinical analysis of submucosal Medpor implantation for empty nose syndrome. *Rhinology* 52: 35-40.
5. Jiang C, Shi R, Sun Y (2013) Study of inferior turbinate reconstruction with Medpor for the treatment of empty nose syndrome. *Laryngoscope* 123: 1106-1111.

Copyright: ©2015 Wen FB, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Citation: Wen FB, Zhao S, Yang Y, Liu DL, Wu K (2015) Empty Nose Syndrome May Be the Chief Criminal Behind Many of the Worst Atrocities against Rhinologic Medical Staff in China. *J Surg Surgical Res* 1(2): 030. DOI: 10.17352/2454-2968.000008