# Nose Picking (Rhinotillexis) and Septal Perforations: Why Should I Stop Picking My Nose...?

Jason S. Hamilton, MD, FACS
Director of the Division of Plastic and Reconstructive Surgery
Osborne Head and Neck Institute, Los Angeles, CA

Ryan Osborne, MD, FACS Director of the Division of Head and Neck Surgery Osborne Head and Neck Institute, Los Angeles, CA

# **Background**

Nose picking is one of the leading causes of epistaxis (nose bleeds) and a common cause of <u>septal perforations</u> (a hole in the nasal septum). Nose picking (**rhinotillexis**) is defined as the insertion of the finger and/or object into the nose for the purpose of removing nasal secretions, mucus, crusts and so forth.

# **Pathologic Diagnosis**

A study by the Journal of Clinical Psychiatry, querying 1000 subjects, returning 254 responses, found that ninety-one percent of respondents were nose pickers. The simple translation, most adults "pick" their nose at some point. So when does this become a problem? Typically, nose picking doesn't become a serious clinical problem until it becomes an *impulse control* problem, known as **body-focused repetitive behavior** (BFRB) or an *obsessive-compulsive disorder*, known as **rhinotillexomania**. In both conditions the patient can cause damage to the nose through their repetitive compulsive behavior.

### **Clinical Considerations**

Many patients presenting with septal perforations admit to chronically picking their noses. These patients generally fall into two groups. In the first, we have patients that began picking their noses after a perforation had already developed due to septoplasty, rhinoplasty, cocaine use, decongestant abuse, or trauma. These patients are generally obsessed with cleaning their nose and alleviating the sensation of crusting or itching. The second group is comprised of patients who generally suffer from **rhinotillexomania** and their **septal perforation is self-inflicted**. In both cases rhinotillexis can introduce bacteria to the nasal cavity causing infections and subsequent increase in septal perforation size. Successful treatment in patients with impulsive rhinotillexis involves managing not only the surgical disease (septal perforation) but also the associated compulsive behavior. In severe cases, co-management with a clinical psychologist/psychiatrist may be advised.

## Surgeon

Dr. Jason Hamilton is the Director of Plastic and Reconstructive Surgery for the Osborne Head and Neck Institute, and is double board certified by the American Board of Facial Plastic and Reconstructive Surgery and the American Board of Otolaryngology/Head and Neck Surgery. Dr. Hamilton is one of only handful of septal perforation specialist worldwide and has one of the highest success rates.

For more information on the deviated septum, septoplasty, functional rhinoplasty and septal perforation repair by Dr. Jason Hamilton, septal perforation specialist, please contact the Osborne Head and Neck Institute or visit <a href="https://www.perforatedseptum.com">www.perforatedseptum.com</a>.

Image Credit: Carlos Paes (http://www.sxc.hu/photos/103019), via Wikimedia Commons



Figure 1: Rhinotillexis or nose picking is commonly associated with the formation of septal perforations.



Figure 2: Nasal septum perforation. A ruler has been inserted into the opposite nostril to demonstrate scale.

Editor In Chief: Alex Fernandez, MS

Corresponding Author: Jason Hamilton, MD, FACS

### **Osborne Head and Neck Institute**

8631 W. Third Street, Suite 945E Los Angeles, CA 90048

T: 310-657-0123 (United States) F: 310-657-0142 (United States)

www.ohni.org