Proboscis Lateralis: Case Report and Overview

Piyush Verma · Manisha Pal · Ashwani Goel ·
Ishwar Singh · Virad Bansal

Received: 21 July 2008 / Accepted: 29 March 2009 / Published online: 23 April 2011
© Association of Otolaryngologists of India 2011

Abstract We present a rare case of the congenital malformation of the nose in a 10-month-old baby.

Keywords Proboscis lateralis · Malformation of the nose

Introduction

Congenital anomaly of the nose is a rare entity especially with the hypoplasia of the nasal cavity with proboscis [1]. In this presentation we present one such case seen by us.

Case Report

A 10-month-old full term baby presented with the malformation of the nose. Baby had mucocutaneous out growth from the medial canthus on the right side of the nose (Fig. 1). There was associated hypoplasia of the right nasal cavity. There was no history of any consanguinity among the parents. There was no history of any drug intake during pregnancy or any exanthematous fever or any exposure to the X-rays in the antenatal period. The eyes were normal with normal fundus and there was no other associated malformation of the face or any other part of the body.

In this particular case the proboscis was arising from the right medial canthus.

Proboscis lateralis a rare facial anomaly seen in 1:100000 births. It consists of a soft, trunk like process originating from the medial portion of the orbit [2]. It is frequently associated with abnormalities of the eye and its

adenexa. It was initially reported that no sexual predilection existed [3] but Boo Chai [4] noted a 2:1 male to female preponderance.

The embryological defect that results in proboscis lateralis appears to involve the nasal placode, which is a primary organizer of the nasal area of the mid face. Duplication of the nasal placode which is very rare may generate a lateral proboscis in the absence of any other facial anomalies, usually, however, the nasal placode develop abnormally which may result in midfacial anomalies but continue to act on the mesenchymal tissue, allowing it to fuse into the tubular lateral process.

Although the proboscis generally arises from the medial canthus, exceptionally rare cases have been described in which the anomalous structure arises from the lateral canthus [4], nasal root [2], chin [5] or present bilaterally [6].

In this particular case the trunk was arising from the right medial canthus. It was about 2–3 cm in length and 1 cm in diameter, with a small discharging tract. There was mild hypoplasia of the nasal cavity on the side of the proboscis (Fig. 2). There was no other craniofacial anomaly associated with the disorder. There was no cleft palate, cleft lip or choanal atresia. There was no associated central nervous system anomalies seen which are commonly associated with midline proboscis [4, 7].

In this patient, ipsilateral hypoplasia was minimal and thus only amputation of the proboscis along with its tract was done. An elliptical incision was given at the base of the appendage and the stump was followed medially and was not found communicating either with any sinus or nasal cavity proper, thus the stump along with the tract was excised and the wound was closed in two layers. As nasal proboscises are usually associated with variety of maxillofacial abnormalities as well as ocular abnormalities the patients usually requires multidisciplinary approach.

P. Verma (✉) · M. Pal · A. Goel · I. Singh · V. Bansal
Maulana Azad Medical College, New Delhi, India
e-mail: doctor_piyushverma@yahoo.com

Fig. 1 Probosis lateralis

Fig. 2 CT scan (axial view): Probosis lateralis

Discussion

There are only limited numbers of case reports of proboscis lateralis with the incidence of 1 in 100,000 newborns [1, 4]. It is usually associated with other facial anomalies as well as ocular anomomolies. Simple nasal proboscis only needs to be excised but with other anomalies a planned reconstructive surgery utilizing the skin and the tissue of the proboscis is required [8].

References

1. Sharma H, Delela D, Dayal D, Chandra N (1989) Proboscis lateralis-apropos of a case. *Indian J Otolaryngol Head Neck Surg* 41:69
2. Boo Chai K (1985) The proboscis lateralis: a 14 year follow up. *J Plast Reconstr Surg* 75:569–577
3. Jost G, Mookergee R, Dionyssopolous A (1995) Proboscis lateralis: treatment of 2 atypical cases. *J Asthetic Plast Surg* 19:165–168
4. Antomades K, Baraister M (1984) Proboscis lateralis: a case report. *Teratology* 40:193–197
5. Kaufmann-Friedman K, Supurn H (1971) Unusual congenital anomaly: proboscis like structure arising from the mandible. *Br J Plast Surg* 24:247–249
6. Rosen A, Gitlin G (1959) Bilateral nasal proboscis. *Arch Otolaryngol* 70:545
7. Mecker LH, Aeble R (1947) Cyclopean eye and lateral proboscis with normal one half face. *Arch Ophthal* 38:159–173
8. Sahni JK, Kohli GS, Yadav SPS (1984) Nasal proboscis. *Indian J Otolaryngol* 36:18