AN UNIQUE CASE OF ORGANIC FOREIGN BODY (BONE) IN THE HARD PALATE

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ABSTRACT : *A unique report of impacted organic foreign body (animal bone) in the hard palate is presented. A patient with vague palatal discomfort for two years reported to the ENT OPD, work-up revealed the above foreign body, subsequently proven to be bone by histology.*

Key Words : *Foreign body, Hard palate.*

INTRODUCTION

Foreign bodies are a common reason for ENT OPD and emergency attendance. Palatal foreign bodies are by no means rare and usually secondary to acute traumatic lodgement of objects, especially in children.

The almost insensate presence of a palatal foreign body in a conscious adult for 2 years appears a curiosity, especially if one remembers the uneasiness provoked by even an innocuous small food particle lodged anywhere in the oral cavity.

CASE REPORT

A 65 years old male presented to the ENT OPD with complaints of palatal discomfort and self felt irregularity and rough sensation on tongue movement over the hard palate.

On examination an irregular object, pale tan in colour was present on left side from midline on hard palate anteriorly. The examination of nose revealed a hard elevation in the floor of the left nasal cavity with gritty sensation on probing. There was no complaint of pain, discharge, loosening of any teeth, trauma, epistaxis or nose blockage. X-ray PNS was normal but lateral view of the face showed a palatal defect and a relatively opaque adjacent shadow. No features of bony erosion were seen and soft tissue was normal.

Ancillary investigations including haemogram, eosinophil count, renal function, blood sugar and VDRL were within normal limits.

Operative removal of the object was planned. Pre-operatively a mere tug with a toothed forceps was sufficient to dislodge this object. No bleeding from defect

margins was noted. The bony defect at the site was repaired by raising the surrounding mucoperiosteal flap of the palate. Post-operatively the patient made an uneventful recovery and had no problem since then.

Histopathology of the object removed, revealed it to be

Fig. I : Clinical picture of the mass in hard palate

Fig. II : Macroscopic picture of the foreign body.

Fig. III : Plain X-ray showing radio-opaque foreign body.

fragumented, partially necrotic cancellous bone.

Follow up of the patient, required intensive pointed questioning, for him to recall an episode of pain felt while masticating a morsel of non-vegetarian food which was considered incidental by him and relieved by an over the counter analgesic.

DISCUSSION

Palatal injury and resulting embedded foreign bodies are not rare in ENT practice. Yet this case is singular, where a substantially sized bone piece remained lodged for such a long duration, without being sufficiently problematic for the patient.

A putative explanation, a part from the suggested stoicism or ignorance of the patient, can be a weakening of palatal bone by old age osteoporosis. This condition is the most common skeletal disorder of old age, invariably affecting all bones due to an imbalanced bone homoeostasis and possibly due to decreased osteoblast stimulating factors viz. Growth hormone, Vitamin C, Cytokines and reduced physical activity etc.

Failure of the patient to seek early medical advice leading to persistence of the foreign bone-in situ, despite history of injury to the site can only be ascribed to the Indian mind set of not seeking medical attention until a condition becomes incompatible with routine life.

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VERRUCOUS CARCINOMA OF THE MAXILLARY ANTRUM

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ABSTRACT : *Verrucous carcinoma is a well-differentiated variant of squamous cell carcinoma. In this article, we present a patient of verrucous carcinoma of the maxillary antrum. There are only 6 reported cases of verrucous carcinoma of the maxillary antrum. Ours is the 7th case. We, here, would like to highlight that our case had a different clinical presentation from the previously reported cases.*

Key Words : *Verrucous Carcinoma, Maxillary antrum.*

INTRODUCTION

Ackerman first described verrucous carcinoma in 1948 (1). This tumor is a rare entity commonly found in the oral cavity, larynx and oesophagus. It mostly arises from moist squamous surfaces shielded from light (2). The

lesion usually arises on a long standing plaque of leukoplakia.

The natural history is one of relentless slow growth, frequent recurrence after surgery, marked inflammatory

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