Nasal Teeth : A Case Report

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Abstract

The ectopic eruption of the teeth into the nasal cavity is a rare phenomenon. We report a case of nasal tooth in the left nasal cavity in a 64-year-male. We describe the clinical and radiological findings of the case and discuss their etiology, diagnosis, complications and treatment.

Keywords Nasal Teeth • Ectopic eruption

Introduction

Nasal teeth are a rare form of supernumerary teeth. This article describes a case of Tooth in left nasal cavity in a 64-year-old man without any complications. Review of Literature reveals nasal teeth causes complications, but in our case no complications were encountered. CT scanning is helpful in making the diagnosis and planning treatment.

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Case report

A 64-year-male patient attended to ENT OPD with a foreign body sensation in the left nasal cavity. He had no other nasal symptoms, like nasal obstruction, nasal discharge, bleeding from the nose. No history of trauma or surgery. On examination of the nose revealed a white hard mass in the floor of the left nasal cavity surrounded by some mucus discharge. On palpation it was hard and not mobile (Fig. 1). Oral cavity examination revealed intact upper incisor and canines. Left side second upper premolar was lost. Rest of premolars and molars were intact.

CT scan revealed a radiopaque lesion in the floor of left nasal cavity with the same attenuation as that of the oral teeth. Dental opinion was taken, advised extraction of tooth but patient refused extraction as he did not have complaints except foreign body sensation in the nose.

Discussion

The incidence of supernumerary teeth generally affects 0.1 to 1% of the population. The most common location is the upper incisor area, known as mesiodens. The extra teeth have an atypical crown and they may be in a vertical, horizontal or inverted position.

The teeth may be asymptomatic or cause a variety of symptoms including facial pain, nasal obstruction, headache, epistaxis, foul smelling rhinorrhea, external nasal deformities, and epiphora. Complications of nasal teeth include rhinitis caseosa with septal perforation, fungal infection and naso-antral fistula.

Supernumerary teeth develop either from a third tooth bud that arises from the dental lamina near the permanent tooth bud or, possibly from splitting of the permanent bud itself. Another theory is that their development is a reversion to the dentition of extinct primates, which had three pairs of incisors. Although the cause of ectopic growth is not well understood, it has been attributed to obstruction at the time

of tooth eruption. Other proposed pathogenesis includes a genetic predisposition, developmental disturbances and displacement as a result of trauma or cysts.

Clinically intranasal tooth may be seen as a white mass in the nasal cavity. Radiographically the nasal teeth appeared as radiopaque lesions with the same attenuation as that of oral teeth. However the CT findings of tooth equivalent attenuation and a central radiolucency help to confirm the diagnosis CT is useful to evaluate the depth of eruption site.

The differential diagnosis of nasal teeth includes radiopaque foreign body, rhinolith, fungal infection with calcification, benign tumors, including osteoma, calcified polyps, enchondroma and dermoid and malignant tumors such as chondrosarcoma and osteosarcoma. Removal of nasal teeth is generally advocated to alleviate the symptoms and prevent complications.

Conclusion

Nasal teeth result from the ectopic eruption of supernumerary teeth and may cause a variety of symptoms and complications. In our case no complications were encountered. Diagnosis is not difficult, CT scanning is helpful in planning their treatment.

References

1. Thawley SE, Ferriere KA, supernumerary nasal tooth. *Laryngoscope* 1977; 87:1770-1773
2. Smith RA, Gordon report of two cases and review of the NC, De Luchi SF. Intranasal teeth: literature. *Oral surg oral Med oral pathol* 1979; 47:120-122
3. Albert Chen, Jon-kway Huang, Sho-Jen Cheng, and Chin-Yin Sheu *AJNR Am J Neuroradiol* 23: 671-673, April 2002
4. Moreano EH, Zich DK, Goree JC, et al. nasal tooth. *Am J Otolaryngol* 1998; 19:124-126.
5. El-Sayed Y. Sinonasal teeth. *J Otolaryngol* 1995; 24:180-183
6. Alexandrakis G, Hubbell RN, Aitken PA. Nasolacrimal duct obstruction secondary to ectopic teeth. *Ophthalmol* 2000; 107: 189-192
7. Wurtele P, Dufour G. radiology case of the month: a tooth in the nose. *J Otolaryngol* 1994; 19: 124-126
8. Martinson FD, Cockshott WP. Ectopic nasal dentition. *Clin Radiol* 1972; 23: 451-454

Fig. 1 Photograph showing nasal tooth in left nasal floor.

Fig. 2 CT scan showing radiopaque mass in left nasal cavity

Fig. 3 CT Scan showing radiopaque mass consistent with tooth with pulp cavity.