Two atypical case reports of foreign bodies in the maxillary sinus and nasal septum

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Abstract We present cases with foreign bodies in maxillary sinus and nasal septum which was due to peculiar habit of the patient of inserting sticks in between teeth. There was oroantrual fistula and nasal abscess observed. The ectopic foreign bodies were removed surgically.

Keywords Foreignbodies · Oroantral fistula · Maxillary sinus and nasal septum

Case Report 1

A 22-year-old male patient reported to our hospital with the chief complaint of repeated nasal abscess. The patient was driver by profession. The clinical examination showed presence of fistula (Fig. 3) at the pre-maxilla and the maxillary junction and identified pain in the region of nasal septum and purulent discharge with a foul odor. The patient did not give any history of visual disturbance and was haemodynamically stable. Patient gave history of repeated nasal abscess for which he was treated by draining the abscess twice. On examination there was no cause for abscess detected. The patient was re-examined and history was retaken.

The patient gave history of habit of inserting the incense sticks (Agarbatti) between the teeth (Fig. 1). He was counselled regarding the habit. The main reason that he gave was to get pleasure by inducing pain by inserting the sticks.

Primary management

The patient was admitted to city hospital, Nagpur, India for further investigations including lateral oblique view of the skull. A 26 gauge wire was introduced into the fistulous tract and lateral oblique x-ray (Fig. 2 and 3) was

done. Radiograph revealed the extension of the fistulous tract into the orbital floor. The nasal cavity was examined through an endoscope (Fig.4) thoroughly and wooden type of foreign material was seen. He was given antibiotics, topical and systemic decongestants. The surgical plan was to encourage the closure of Oro-antral fistula and to retrieve the incense sticks by endoscopic method [8].

Under local anesthesia the sticks were removed endoscopically. Around 82 sticks (Fig. 5) were retrieved from the nasal septum and then it was sutured. The medication was continued and the patient was recalled after 3 weeks and the fistula was closed. There was no history of drainage in 3 weeks.

The patient was counseled and was given habit breaking appliance. Patient was recalled and he had no complaints. Tests showed no positive signs that were present earlier.

Patient was recalled after 6 months for review. But the patient had stopped the habit with complete healing of the fistulous tract.

Case report 2

The treatment of some atypical cases has unpredictable prognosis since it depends on the patients control of habits.

A male patient aged 10 years reported to the department of Oral and Maxillofacial Surgery, with the chief complaint of painful swelling over left side of face. The patient gave a history of extraction of upper left DE 20 days back (Fig. 6). Although the extraction was uneventful, he developed swelling 3 days after extraction.

Patient was prescribed with antibiotics and analgesics. He also gave history of chills and rigors with rise in body temperature. Since then the patient was prescribed anti malarial drugs by a local practitioner.

The patient did not respond to either forms of treatment, so was referred to Dental College and Hospital, Nagpur, for further treatment.

Examination revealed diffuse tender swelling with left buccal and infraorbital spaces. It was associated with circum-orbital swelling on left side. On palpation swelling was firm and overlying skin was inflamed and warm.

On oral examination there was non healed sockets of DE. Routine investigations and OPG did not reveal any abnormality. PNS view of maxilla revealed haziness of maxillary sinus on left side.

However when oral cavity was examined thoroughly, presence of some foreign body was seen in the socket. On deep exploration six muddy

Case - 1

Fig. 1 Photograph of the patient showing the insertion of the stick

Fig. 2 & 3 Wire extending upto the orbital floor radiographic views 26 gauge showing

Fig. 4 Fistulous tract in the hard palate and foreign body piece of stick being removed from right side

Fig. 5 Sticks removed each stick of about 4 cm in length

Case - 2

Fig. 6 Preoperative facial swelling frontal and lateral profiles

Fig. 7 Removal of sticks from the sinus

Fig. 8 Sticks removed from sinus

wooden and match sticks [1–5] (Fig. 8) were seen to be packed into the socket. The patient confessed that in order to control the bleeding he placed those sticks in the socket. Exploration of socket done under GA

Fig. 9 Postoperative result

with extraction of the upper second premolar was done and one more stick was found in sinus (Fig. 7). Caldwell luc surgery was done for thorough irrigation and inspection of maxillary sinus.

Discussion

Maxillary foreign bodies are not uncommon. Various foreign bodies like broken spear, turbine bur, lead pencils, sewing needles, match sticks and wooden pieces have been reported [1–6]. Transantral Endoscopic removal and stone basket retrieval [7] of foreign bodies from the maxillary sinus have also been reported. The usual routes of entry are either through the anterior surface of incisor sticks the maxillary sinus or by an injury in the oro-antral region. The entry of a incense sticks as a foreign body through the palate into the antrum septum upto the orbital floor without any injury to the structures by the patient himself for the pleasure is,

and in second case wooden muddy match sticks to control bleeding, we believe, unique and hence been reported. A minimally invasive approach for retrieval of foreign bodies have numerous short-term and long term benefits reducing pain, swelling and bleeding over the long-term results of bony defects will be smaller.

Conclusion

In such cases where the response is atypical the every Oral and Maxillofacial Surgeon should always be aware of the patients factor and should complete a thorough history and clinical examination. Only

when the oral and maxillofacial surgeon is aware of such things correct diagnosis and treatment can be provided.

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