CASE REPORT

An unusual foreign body in the nose of an adult

Sunil Kumar, Abhishek Bahadur Singh

Department of ENT,
King George Medical
University, Lucknow,
Uttar Pradesh, India

Correspondence to
Dr Abhishek Bahadur Singh,
drabhishek_kgmu@yahoo.co.in

SUMMARY

We present the case of a 50-year-old-man with nasal blockage and recurrent epistaxis. Anterior rhinoscopy showed a polypoidal mass which bled on touching. It was confirmed by non contrast computed tomography (NCCT) and extracted through the nasal route. Later it was found to be a tooth surrounded by a necrotic material.

BACKGROUND

Nasal foreign bodies are most common under the age of 2 years. They may be inert, hygrophilic or corrosive. Soft objects such as sponge fragments or tissue paper are the most common to be found in the nose. A foreign body may remain in situ for weeks and only present with a unilateral nasal discharge often with a pronounced vestibulitis. Foreign bodies form one of the rare causes of epistaxis in adults. However, prolonged use of aspirin, chronic liver disease, leukaemia and malignancies are the common causes in adults. Juvenile nasopharyngeal angiofibroma and haemangiopericytoma are rare vascular tumours that can present with severe epistaxis in association with nasal obstruction.

CASE PRESENTATION

A 50-year-old man presented with a 6-month history of progressive nasal blockage on the left side of his nose. He had also had several episodes of epistaxis and left-sided facial pain. Anterior rhinoscopy revealed a mass, dark red in colour with blood clots over it which bled on touching.

The rest of the ear, nose and throat examination showed no abnormality. His routine blood examination findings (including liver function test) were within normal limits. A CT scan revealed a homogeneous mass filling the left nasal cavity and the maxillary antrum. It also revealed a radio-opaque shadow with distinct margins inside the homogeneous mass (figures 1 and 2). The mass was endoscopically removed under general anaesthesia. The mass contained a tooth measuring 2.5 cm (figure 3). Middle meatus antrostomy was carried out and maxillary antrum was cleared. Anterior nasal packing was performed and the pack was removed after 24 h. The patient was discharged after 5 days. Two weeks later, all examinations including endoscopy, showed no signs of any foreign material or inflammation. The biopsy report of the specimen showed chronic inflammatory tissue.

DISCUSSION

Foreign bodies are not unusual in the head and neck region, particularly in the body orifices.

Although foreign bodies of the nose and paranasal sinuses in adults are uncommon, this problem may occasionally show up clinically.¹ Rhinolith is a partially or completely calcified mass of tissues in the nasal cavity which may form around a foreign body nidus or can develop de novo. It is thought that the predisposing factor is the entry and lodgment of a foreign body.² However, other very important factors are needed, since only a tiny fraction of the body gets petrified. They are classified as endogenous when they form around a normal body material (as in this case), blood clots, misplaced tooth remnants or bony sequestra, and exogenous when they form around foreign bodies usually of non-human materials, inserted into the nose. In our case a foreign body could have lodged accidentally into the nasal cavity leading to mucosal trauma surrounding the foreign body and formation of granulation tissue and deposition of debris forming a rhinolith (figures 1–3).^{3 4} The symptoms at the time of lodgment are usually minor and often forgotten by patients, as in our case. The most frequent signs and symptoms after a latent period are unilateral nasal discharge (often blood stained), obstruction and feeling of blockage, epistaxis, and slight to moderate swelling, headache, sinusitis, epiphora (rare) and perforation of nasal septum or palate.

According to Burduk and Gorstecka,² accurate diagnosis is made with difficulty. The result of the clinical and radiological examinations may be

Figure 1 CT of the para nasal sinuses (axial) showing a mass surrounding a foreign body.

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Figure 2 CT of the para nasal sinuses (coronal) showing a foreign body in the nasal cavity.

Figure 3 The foreign body (tooth) after removal.

similar to those of benign or malignant lesions as we found nasal blockage in this case. To get to the diagnosis, CT scan and nasal endoscopy are necessary, which also help in making the decision in surgical treatment.

Learning points

- ▶ Though foreign body nasal cavity is common in children it is not uncommon in adults.
- ▶ Rhinolith is an important cause of epistaxis in adults.
- ▶ Foreign bodies should always be kept in mind if there is a complaint of unilateral nasal obstruction and epistaxis.

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REFERENCES

- 1 Yasmeen A, Hasan SA. Staghorn rhinolith in nasopharynx – an unusual case. *Indian J Otolaryngol Head Neck Surg* 2008;60:91–3.
- 2 Burduk PK, Gorstecka A. Nasal foreign body in an adult. *Eur Arch Otorhinolaryngol* 2005;262:517–18.
- 3 Balatsouras D, Eliopoulos P, Kaberos A, *et al*. Rhinolithiasis: an unusual case of nasal obstruction. *Rhinology* 2002;40:162–4.
- 4 Ezsias A, Sugar AW. Rhinolith: an unusual case and an update. *Ann Otol Rhinol Laryngol* 1997;106:135–8.

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