Caso clínico

Large foreign body removed from the nasal cavity after 28 years

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ABSTRACT

Foreign bodies of the nasal cavity are relatively frequent in pediatric patients, while in the adults, they are usually seen in disturbed persons or at the emergency room. Here we report a case of an unusual long-standing foreign body that passed misdiagnosed for 28 years in a 47-year-old man. The main complaint of the patient were a continuous bad breath and presence of drainage of secretions in the posterior right maxilla. The patient related that he suffered a trauma in the face 28 years ago. Panoramic radiography exam showed a triangular radiopaque mass, superimposed on the right maxillary sinus and presence of the root of tooth 17, with a bucosinusal communication. A piece of glass of large dimensions was removed by the nasal cavity by general anesthesia. The patient developed well without any complaints after the surgery, showing total remission of earlier symptoms. This case shows the significance of medical history and clinical and radiographic detailed assessment of the nasal cavity and maxillary sinus in any adult patient with unilateral nasal symptoms, especially in cases without improvement after drug treatment.

Corpo estranho de grande dimensão da cavidade nasal após 28 anos

Os corpos estranhos da cavidade nasal são relativamente frequentes em pacientes pediátricos, enquanto que nos adultos, são geralmente vistos em pessoas com distúrbios ou em serviços de atendimentos de emergência. Será relatado um caso incomum de corpo estranho que permaneceu na cavidade nasal, sem ser diagnosticado, por 28 anos, em paciente masculino de 47 anos de idade. A queixa principal do paciente era mau hálito constante e presença de secreção em região posterior de maxila direita. O paciente relatou ter sofrido trauma em face há 28 anos. O exame radiográfico revelou opacidade triangular sobreposta ao seio maxilar direito e presença de raiz residual do dente 17, com comunicação

Palavras-chave:
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Introduction

Foreign bodies at the nasal cavity are relatively rare in adult population, being more frequent children at first decade of life. They are caused mostly by injury in an accident, trauma or coexisting mental disorders. The most common foreign bodies include rubber erasers, paper, beans, safety pins, nuts, coins, bullets, beads and others. They may initiate congestion, swelling of the mucosa, ulceration, bony destruction and epistaxis, breathlessness, pain, alteration in the resonance of speech, hypo nasality, headaches, sneezing, nasal discharge and halitosis have also been reported. This can result in a foul stench and rhinolith formation. Complications may include necrosis of tissues and abscess formation with bone destruction. The removal of these objects may cause trauma, extensive bleeding, or pushing the foreign body back further into the nasopharynx, leading to respiratory obstruction. It can be detected by a chronic symptomatology or through radiographic examination, it will appear as a calcified mass.

Case report

A 47 year-old man presented at the Service of Oral and Maxillofacial Surgery of Erasto Gaertner Hospital complaining of difficulty breathing and halitosis for years. Clinical examination showed a chronic fistula on the right maxilla, where the patient presented only the root of tooth 17. He reported having been treated by another professional three years ago and that some teeth were extracted in the area. But the fistula persisted and antibiotic therapy had no effect. The patient reported the presence of an edge of bone in his right nostril, which often bothered, since an accident suffered 28 years ago, when he was hit by a bottle on his face with maxillary bone fracture and cornea injury.

Panoramic radiography exam showed a triangular radiopaque mass, superimposed on the right maxillary sinus and presence of the root of tooth 17, with a bucosinusal communication (fig. 1). During endonasal examination, we verified the presence of a foreign body, which extended into the nostril.

Discussion and Conclusion

Nose foreign bodies in adults are rare, although they are frequently encountered among children and special patients. They are often asymptomatic and consequently may remain undetected for many years. The presence of intranasal objects produces a congestion and swelling of the nasal mucosa, which can produce ulceration, mucosal erosion and epistaxis. The retained secretion and the decomposition of foreign bodies are responsible for stench.
Long-standing intranasal foreign body have been reported to cause infections, including sinusitis, otitis media, facial cellulitis, meningitis, epiglottitis, diphtheria, and tetanus. Certain foreign objects such as button batteries may cause necrosis of adjacent tissues, probably because of leakage of alkaline contents or a weak electric current resulting from contact with moisture. The long-standing permanence of objects in body orifices may produce rhinoliths. High concentration of calcium phosphates and others compounds such carbonates and magnesium may induce calculus deposits on foreign bodies. Rhinoliths composition is the same as the calculus deposited on the teeth. Rarely, an intranasal rhinolith may be discovery in the course of the nasal intubation during the administration of general anesthesia.

A foreign sharp body such as the one presented here, must be carefully handled, evaluating criteria such as the integrity of the skin, the number of skeleton interruptions, the involvement of the joints, the gravity of the injuries and of the possible damage to the soft tissues, vascular structures and nervous fibers.
The case reported showed an unusual evolution. The patient consulted several professionals before, with the same complaint, but none professional diagnosed the presence of foreign bodies in the nasal cavity. Several teeth were extracted believing to they were the origin of the infection. Computerized tomography of paranasal sinuses is an important adjunctive diagnostic for foreign body in indefinite cases. In this case, we do not ask a computed topography since it was obvious the presence of foreign body. Once the foreign body was removed, the patient showed no discharges or fetid halitosis. No mucosal necrosis or perforation of bone was observed. Luckily the patient had no serious complication and the upshot was very satisfactory.

This very unusual case of long standing foreign body in the nasal cavity shows the significance of medical history, clinical and radiographic features of nasal cavity in an adult patient with a unilateral nasal symptomatology, which is refractory to conservative treatment.

REFERENCES