

Ectopic Nasal Tooth

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Introduction

CASES OF rhinolith in the nostril are not infrequently seen in an E.N.T. clinic. It usually represents foreign body which may be inserted into the nose many years before and forgotten; or the child with a foreign body in the nose may be too frightened to tell anyone and will forget about it until adulthood when it will be encrusted with a deposition of layers of calcium and magnesium salts forming a chalky brown material, the rhinolith. It then presents as a case of annoying unilateral, chronic, fetid, blood stained nasal discharge in a young adult (Ballantyne 1971).

Endogenous materials, like bones and cartilages, which have been left behind in the nasal cavities after surgery or trauma, may rarely act as nuclei on which layers of calcium and magnesium salts are deposited (Paparella 1973). Supernumerary teeth which have erupted in the floor of the nose and have acted as nuclei for the rhinolith are very rare. Endicott (1934), Rao (1953), Hiranandari and Melgini (1968), Kohli and Verma (1970) have reported cases of aberrant supernumerary teeth which have erupted in the floor of the nose. An additional case is being reported.

Case Report

History

Y.S.K., a 39 year old Chinese male, has complaint of right nasal discharge for 1-2 years duration. It was blood stained and foul smelling. On further questioning, he also has occasional anosmia and nasal obstruction, but there was no other E.N.T.

complaints. There was no history of insertion of foreign body in the nose, nor nasal surgery and trauma in the past, no past history of difficult dental extraction.

Examination

The only significant abnormality detected was, on anterior rhinoscopy, there was a dark-brown, hard object on the floor of the right nostril, measuring about 1 cm. in diameter. It was covered with mucopus, gritty on probing and immobile. The rest of the E.N.T. examination revealed nothing abnormal.

A provisional diagnosis of rhinolith in the right nostril was made and this was further confirmed by radiography of the sinuses showing a faintly radio-opaque mass in the right nostril.

Treatment

The patient's nose was examined under General Anaesthesia. Attempts to remove the rhinolith resulted in breaking of the calcified deposits around the nucleus which was a piece of hard, bone-like material arising from the floor of the right nostril. The right canine tooth was found to be missing.

On sublabial incision and after elevating the muco-periosteal flap, there was a deficiency of bony cover over the right canine ridge; it was enlarged by Hajeck's punch forceps. The body of the canine tooth was found lying in it with the root projecting in the floor of the right nostril. The canine was extracted (see photograph). The right maxillary sinus was not open.



Photograph of extracted ectopic canine tooth with pieces of broken rhinolith deposits; the part of tooth above the arrows erupted in the floor of the right nasal tooth.

Post operative recovery was uneventful and the patient was free of nasal complaints when last reviewed 4 months after the operation.

Discussion

Unilateral nasal discharge, especially of long duration usually calls upon the diagnosis of foreign body until proved otherwise. Diagnosis of rhinolith is relatively easy provided a nasal speculum and good illumination are used. The dark brown mass covered with mucopus, which is gritty on probing is diagnostic. Radiography is helpful in the diagnosis as the calcium deposits usually rendered it radio-opaque.

Treatment is its removal, preferably under General Anaesthesia, as the rhinolith is usually firmly attached to its surrounding tissue. Occasionally a large rhinolith needs to be removed piece-meal. Caldwell Luc or lateral rhinotomy approach may rarely be needed to remove very large rhinolith. In this case, the deposits of rhinolith is removed piece-meal whereas the ectopic tooth is removed via a sublabial incision and removal of canine ridge.

Summary

An unusual case of rhinolith with the root of the ectopic canine tooth as nucleus is presented. Unilateral nasal discharge usually denotes a foreign body in the nostril is emphasised, its treatment briefly discussed.

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