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CASE REPORT

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RHINOLITH IN MIDDLE AGED FEMALE

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ABSTRACT

INTRODUCTION

Rhinolith is the formation of stone like mass in the nasal cavity. These cases are usually seen in children but very unusual in middle aged patients. It produces symptoms like nasal obstruction, discharge sometimes blood stained. This requires proper clinical examination and imaging to attain at proper diagnosis and those which are small in size can be removed but the large sized stones need removal under general anaesthesia and proper monitoring.

CASE PRESENTATION

A 44-year-old female patient presented to the department of otorhinolaryngology with complaint of right sided nasal obstruction since 6 years. Computed tomography scan suggestive of hyperdense mass in the right sided nasal cavity with no evidence of erosion. Patient underwent removal of rhinolith with endoscopic approach under general anaesthesia.

CONCLUSION

It is safe and effective way to remove these large sized rhinoliths under general anaesthesia with endoscopic approach. It is essential to have experienced surgeon in endoscopic procedures. The patient had satisfactory results with improved nasal airflow after 3 months of follow up.

KEY WORDS

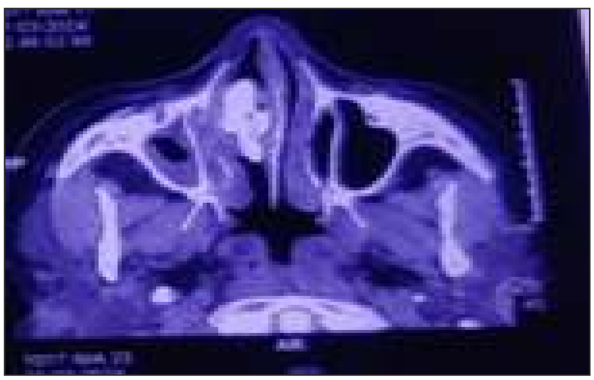
Rhino lithiasis, Nasal obstruction, Chronic rhinitis, Foreign body calcification

BACKGROUND

Rhinolith- as the name suggests it is the formation of stone in the nasal cavity. The most common age for the presentation of rhinolith is around 2-4 years. It is almost rare and unusual to present in middle aged individuals. A foreign body in the nasal cavity usually requires a minimum of 4 days before discharge occurs (1) unless when it is a case of button battery where discharge can be seen immediately, whereas inert foreign bodies can be seen in its place in the nasal cavity for a prolonged period. With prolonged indwelling, a foreign body granulation develops which may later result in rhinolith formation. Rhinoliths usually consists of salts of calcium, magnesium phosphate and carbonate and are generally radio-opaque. In cases of long standing nasal foreign body, may even result in hypoplasia of inferior turbinate(2). As it is slow growing in nature and comes into light by foul smelling nasal discharge, intermittent epistaxis and nasal obstruction. Proper preoperative evaluation to know the site, size and any erosions in the floor or any walls of the nasal cavity.

CASE PRESENTATION

A 44-year-old female patient presented to the department of otorhinolaryngology with complaint of right sided nasal obstruction since 6 years. There was intermittent history of thick, yellowish, foul smelling, blood stained nasal discharge. There was no history of any previous nasal foreign body. On anterior rheoscopic examination, septum was mildly deviated to left side and thick whitish discharge was found in the left nasal cavity. On cold spatula test there was decreased airflow from the right nostril. Then patient underwent diagnostic nasal endoscopy and computed tomograph scan of nose and paranasal sinuses and scan was studied in axial and coronal sections revealing calcified hyperdense mass located in right nasal cavity abutting septum to opposite side and inferior turbinate along the floor of nasal cavity.



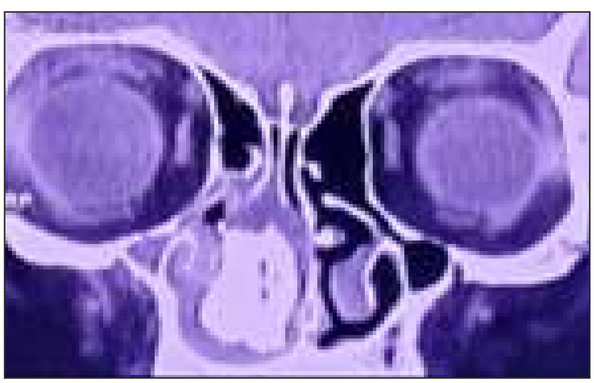


Fig-1&2: showing axial and coronal section of computed tomograph with hyperdense mass in the right nasal cavity between septum and inferior turbinate

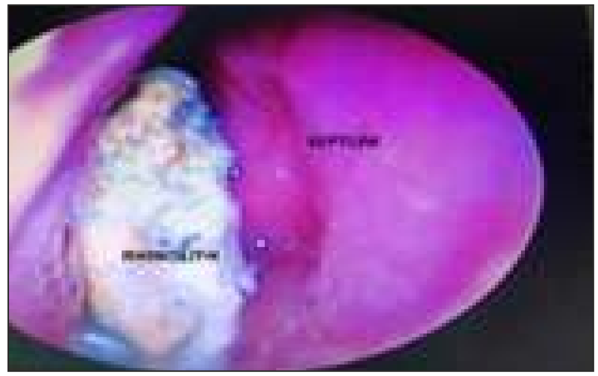


Fig-3: showing intraoperative hyperdense mass(suggestive of rhinolith) in the right nasal cavity

Fig-4: showing removed rhinolith fragments

After proper workup the patient was posted for removal under general anaesthesia, with the help of 00 endoscope visualisation done which was brownish white in colour and on probing it was found to be hard and irregular mass which seemed to be a rhinolith. With the help of J curette, removal was tried but the foreign body was unable to extrude out. Later it was made into few fragments and removal done completely. After removal there was no erosion in the septum and floor of the nasal cavity. Hemostasis was ensured and packing was done with merocel packs in the nasal cavity.
Post operative period was uneventful and nasal packing was removed after 48 hours.

OUTCOME AND FOLLOW UP

Airflow through nasal cavity was restored and improved. Patient had no symptoms of nasal discharge or obstruction during the 3 months of follow up.

DISCUSSION

Yusof et al3 performed the removal of rhinolith in middle aged patient and mentioning the rare entity occurring in the mentioned age group. Though removal was tried without anaesthesia but failed which later required general anaesthesia for removal. In our case proper examination was done and removal was done under proper general anaesthesia, where patient didn't undergo any discomfort or any failed attempts.

DECLARATION

Ethics approval and consent to participate: No ethical approval is required

Author's contribution: All the authors contributed to the study conception and design.

Competing interests: The authors declare that they have no competing interests

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