DESCRIPTION
A 34-year-old lady presented with nasal obstruction and sinusitis. She had been having such symptoms for many years despite best medical therapy for several months. Nasal examination revealed a rhinolith in the floor of the nasal cavity with significant rhinitis and mucopus in the middle meatus. After initial examinations were made the pathology of the rhinolith was not clear. CT scans revealed the rhinolith to be an ectopic tooth arising from the incisive foramen (figures 1 and 2). Endoscopic removal and FESS resulted in full resolution of the symptoms (figure 3). Ectopic teeth are a rare finding; less than 30 cases have been reported in the international literature. They can arise throughout the mid face including the palate, mandibular condyle, coronoid process, orbit, maxillary antrum and nasal cavity. Symptoms of nasal teeth include epistaxis, nasal obstruction, rhinorrhea (often foul smelling), headache, facial pain and sinusitis. Nasal teeth are unlikely to be diagnosed following examination alone as they are often covered in granulation tissue and infected debris. The diagnosis however, is easy to make with CT scans and endoscopic removal is usually a straightforward procedure. Causes include cleft palate, mid-face trauma, Gardner’s syndrome and cleido-cranial dysostosis, however the majority of cases have no obvious cause noted. These images illustrate a rare and interesting cause of nasal obstruction and sinusitis that was refractory to best treatment.

Figure 1  Coronal CT demonstrating ectopic tooth in left nasal cavity.

Figure 2  Axial CT demonstrating tooth in left nasal cavity.

Figure 3  Nasal tooth after endoscopic removal.
medical therapy. As with all common illnesses that do not respond to conventional treatment a logical approach to management and specialist advice are invaluable. With the appropriate diagnosis, definitive treatment can be started and the patient cured.

Competing interests None.

Patient consent Not obtained.

REFERENCES


