Unusual case of hemiarhinia

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DESCRIPTION

A boy aged 9 years presented to our clinic with the absence of the left side of the nose (figures 1 and 2). There was no symptom of difficulty in nasal breathing and parents were only concerned regarding facial disfigurement. The boy was born at full term via a normal vaginal delivery and the antenatal period was uneventful. There was neither any history of consanguinity nor similar symptoms in the family. On examination, the lower two-third of the left side of the nose was absent with marked deviation of the nasal septum towards the right. There was gaze nystagmus with left esotropia on ophthalmological examination. High-resolution CT showed bilaterally symmetrical nasal bones with rudimentary right nasal cavity. There was marked deviation of the nasal septum towards the right with hypoplastic left-sided paranasal sinuses (figure 3).

Extensive screening for congenital malformations in other organ systems including cardiovascular system was negative. This unusual contralateral sinus and facial anomaly is a matter of clinical curiosity and such a case has seldom been reported before.

Hemiarhinia, also known as heminasal aplasia or unilateral aplasia, is a rare malformation that includes unilateral absence of the nasal structures, including external nose and internal nasal cavity. In non-syndromal cases, ipsilateral-associated anomalies may include abnormalities of the facial bones, absent or hypoplastic sinuses. Nasal reconstruction was deferred until preschool age, when development of facial structures is nearly complete. A multidisciplinary approach including rhinologists, maxillofacial surgeons, paediatricians and plastic surgeons is recommended.
Learning points

▸ Hemiarhinia is a rare congenital malformation of unknown aetiology. Less than 100 cases have been described in the literature so far.
▸ Associated anomalies include the absence of ipsilateral paranasal sinuses and ipsilateral facial malformations; however, occasionally, the contralateral side may also be affected, as in our case.
▸ Nasal reconstruction is deferred until preschool age when development of facial structures is nearly complete.
▸ Since individuals with heminasal aplasia have normal contralateral nasal structures, most patients do not have functional deficits and hence the prognosis is good.

Contributors  GG and VKD made the diagnosis and performed the complete investigations and were involved in the management of the patient. KM wrote the manuscript. RC performed the literature search. GG and KM corrected the manuscript and gave conceptual advice. All authors read and approved the final version of the manuscript.

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REFERENCES