

Clinical Image

A Reminder of a Rare Cause of Nasal Obstruction: Rhinolithiasis

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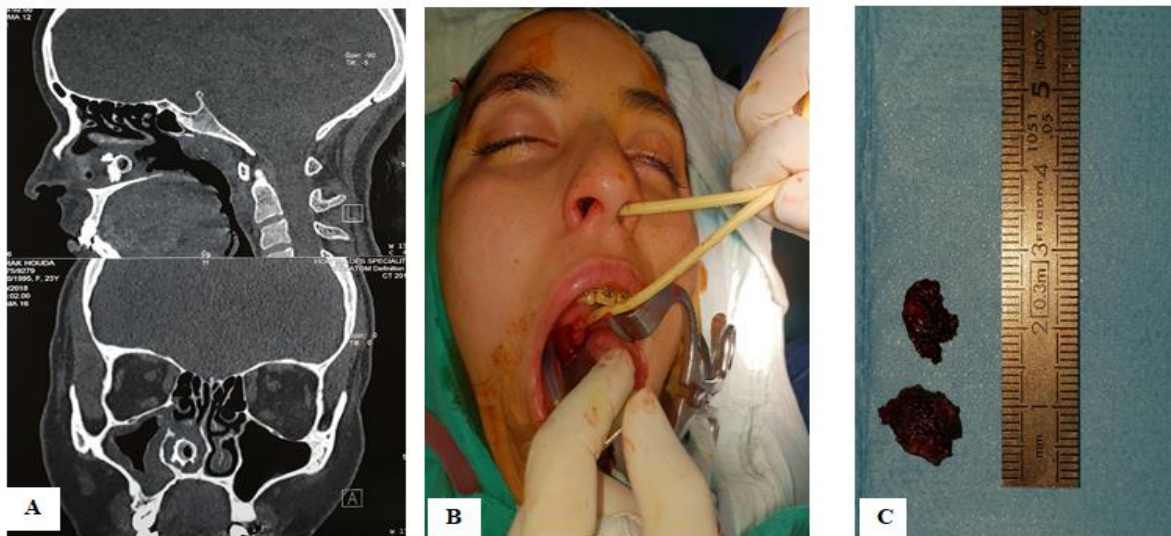
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Abstract: We report a case of a 20-year-old female. The patient presented since the age of 10 years, left anterior purulent rhinorrhea, fetid and recurrent when antibiotic treatment was stopped. This rhinorrhea was associated with chronic ipsilateral nasal obstruction and cacosmia.

Keywords: Rhinolithiasis, nasal obstruction.

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A: CT scan showing a calcified density mass of about 3 cm long axis, with a hypodensity in its center. **B:** The extraction of the rhinolith, we passed a catheter through the right nasal cavity and evict it from the oropharynx. **C:** Picture of the rhinolith

IMAGES IN CLINICAL MEDICINE

We report a case of a 20-year-old female, with no pathological history. The patient presented since the age of 10 years, left anterior purulent rhinorrhea, fetid and recurrent when antibiotic treatment was stopped. This rhinorrhea was associated with chronic ipsilateral nasal obstruction and cacosmia.

Anterior rhinoscopy after aspiration of purulent secretions and retraction of the nasal mucosa with 5% lidocaine demonstrated, between the head of the enlarged inferior turbinate and the nasal septum, an irregular brownish mass.

A CT scan of the nasal fossae was performed and showed a calcified density mass of about 3 cm long

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axis, with a hypodensity in its center, which led us to the diagnosis of rhinolithiasis.

The extraction of the rhinolith was done under general anesthesia. We didn't use an endoscopy to extract it. We passed a catheter through the right nasal cavity, that helped us move the rhinolith and we were able to evict it from the oropharynx.

The granulomatous lesions were resected, the septal mucosa was debrided and an inferior turbinectomy was made. An anterior drilling was done and repeated twice with an interval of 5 days to prevent synechia.

The fellow ups were simple. One year after surgery, the nasal flow is good, the nasal mucosa is normal and the patient is very satisfied.