

Rhinolith: A Case Report

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Abstract

Rhinolithiasis is an uncommon condition but attract attention because they can be confused with both benign and malignant nasal tumors. We report a case of incidental finding of a rhinolith for a patient being taken up for septoplasty.

Keywords: Rhinolith, rhinolithiasis, calcification.

INTRODUCTION

Rhinolith is a calcified concretion of a nidus within the nasal cavity. They are not commonly seen but attract attention because they can be confused with both benign and malignant nasal tumors which need aggressive surgical management. They can be missed on initial presentation and are an incidental finding during surgery as was the case in our patient.

CASE HISTORY

A 30-year-old female presented to our outpatient department with complaints of a right sided nasal obstruction since 2 years. The obstruction was constant and was not associated with symptoms of rhinosinusitis. There was no history of nasal trauma. Her sense of smell was also normal. On clinical examination she had a deviated nasal septum to the right. The left nasal cavity and nasopharynx appeared normal. Radiograph of the nose and paranasal sinuses showed a right deviated nasal septum but no nasal mass. The patient was planned for a septal correction surgery and during the procedure she was found to have a greyish, black stony-hard mass filling the right nasal cavity. The mass was removed piecemeal through the nasal cavity and her nasal obstruction was relieved.

DISCUSSION

Rhinolithiasis is an uncommon condition.¹ True stones form around mucus plugs, blood or epithelial debris. False stones that are seen more commonly, form around foreign bodies. They are formed of inorganic salts of sodium, calcium and magnesium and depending on their calcium content they maybe radiopaque or radiolucent.² They are usually seen

between the septum and the inferior turbinate but rarely may involve the maxillary sinus, when they are called antroliths.

They usually present with nasal obstruction, purulent nasal discharge, foul smell, headache and nasal bleed. They can lead on to otitis media, sinusitis, septal perforation,³ palatal perforation⁴ and purulent dacryocystitis.⁵

The differential diagnosis includes sinonasal polyposis with calcifications, fungal sinusitis, granulomas, foreign bodies, inverted papilloma, nasal syphilis and malignant tumors. Treatment consists of removing the stone. This can be done transnasally but in extensive rhinolithiasis other approaches such as a sublabial approach, Caldwell-Luc or lateral rhinotomy may be required. Also large stones can be reduced in size using a lithotripter and then removed through the nasal cavity itself.⁶

It is important to keep the possibility of this condition in mind as patients might undergo needless surgeries if not examined carefully as was the case in our patient who was saved from undergoing a septal surgery which was not indicated.

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