

Giant Rhinolith (A Report of 3 Cases)

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RHINOLITH is a rare entity. Conard (1968), reviewing the world literature, observed over four hundred cases mentioned in the past four and a half centuries. It usually forms in the lower half of the nasal cavity. Perforation of the hard palate caused by the rhinolith is reported in the literature, (Polson, 1943; Alein, 1967; Conard, 1968 and Bicknell, 1970), but not that of septum or the destruction of the lateral wall of the nose with penetration in the maxillary antrum. A cleft lip and palate (ULCP) associated with rhinolith in the normal nostril must be a rare combination.

Case reports

Case No. 1. A 64 years old male came to us with complaints of complete blockage of the right nostril by a hard mass for six months, partial blockage of the left nostril for four months, severe headache for one month, swelling of the nose and right upper face for fifteen days.

On examination a hard dirty white irregular object was seen projecting out of the right nostril blocking it completely. Pitting oedema was present upto glabella

and around the medial canthus of the right eye. Left nostril was occupied by the same object approximately 3 cms. behind the alar margin blocking it partially. Posterior rhinoscopy revealed the mucopurulent discharge in both the posterior choanae. There was marked frontal and maxillary tenderness on the right side.

X-rays revealed haziness of both maxillary antra, more marked on the right side, with an opaque mass filling the right nostril completely and left nostril, partially. Blood and urine analysis were within normal limits.

An incision was made 3 cms long in right naso-labial fold and curved in along the base. Rhinolith could not be extracted in one piece; it was broken with gouge forceps and removed in pieces from both nostrils. Three fourth of the septal cartilage was found destroyed; so also the right lateral wall of the nose in the inferior meatus. Four more stones were removed from the right antrum. Incision was stitched with 5/0 silk thread. Nose was packed with vaseline gauze. Total weight of all pieces of stones was 45 gms. Antral lavage was

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drain on alternative days till a clear return of fluid was obtained on either side, Patient was left with a depression of the nose due to destruction of septal cartilage.

Case No. 2

The patient, 8 years old girl, attended the plastic surgery O. P. D. with the complaints of left cleft lip and palate group III and purulent nasal discharge from the right nostril, for the last few years.

On examination there was no obvious deformity of the face except the cleft lip and palate. The eyes appeared to be normal. No area of tenderness was detected over the face.

Anterior rhinoscopy showed a white, hard mass entirely occluding the right nostril. It was not mobile. On posterior rhinoscopy the nasal mucosa was red and oedematous. The septum was deviated to left.

Radiographic examination disclosed an extensive well-defined radio-opaque shadow that occupied the nasal fossa. A rhinolith was diagnosed.

Under oro-tracheal anaesthesia the stone was delivered through an incision at the right alar base. The nasal mucosa was ulcerated. The rhinolith measured about

2.5 cm. \times 1.5 cm. Post operative recovery was uneventful.

Case No. 3

A five year old boy came for the repair of the right cleft lip group I. He also had breathing difficulty from the left nostril since one year.

On examination a hard mass was seen in the left nostril, which was black in colour and had an uneven surface. As the child was non-cooperative posterior rhinoscopy was not done. The hard palate and the nasal septum were deviated to the right.

Under oro-tracheal anaesthesia the stone was removed in pieces. The fragments were brittle and dark brownish in colour. The antral wall was perforated and the stone was removed in two pieces. Antral lavage was given and the antrum packed with vaseline gauze. Post operative recovery was uneventful.

Summary :

Three cases of giant rhinoliths are described causing destruction of the nasal septum and lateral wall of the nose. No previous history of foreign body was present. The association of rhinolith with cleft lip and palate is uncommon.

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