

## Case Report

## Ectopic Nasal Tooth as a source of Epistaxis –A Case Report

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## ABSTRACT

Nasal teeth are ectopic location of teeth which can present with variety of symptomatology and remains undiagnosed for many years. This can be diagnosed radiologically when patient undergoes Computerized Tomography (CT) for the nasal sinuses for some of the complaints related to this etiology. We report such case of 40-years old lady who attended outpatient department with complaint of epistaxis. Plain CT of Para Nasal Sinuses (PNS) clinched the diagnosis.

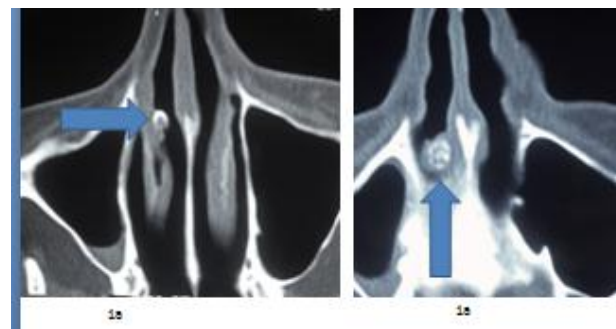
**Keywords:** nasal teeth; computerized tomography; Para nasal sinus.

Nasal teeth can either be ectopic or malposition of supernumery teeth, usually upper incisor from mesiodense area. Supernumerary ectopic teeth affect 0–1 % population. This arises from splitting the permanent bud or from the dental lamina near the permanent tooth bud [1]. The heredity may also be the underlying factor for the ectopic and the supernumerary tooth.

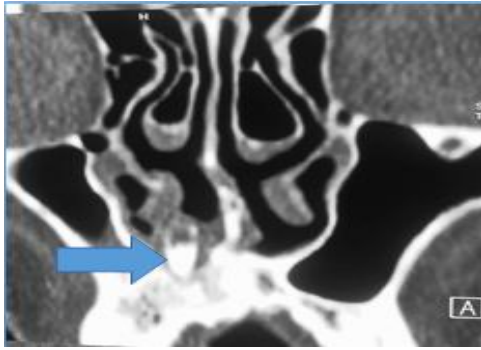
## CASE REPORT

40-years old lady reported to the ENT out-patient department with the history of bleeding from nose off and on for about four months. There was no history of any trauma or previous illness. There was no past history of bleeding from any other site or blood transfusion. On direct nasal examination it was found to be having a foreign body in right nostril near the inferior turbinate. There was bleeding in the raw area surrounding this hard object.

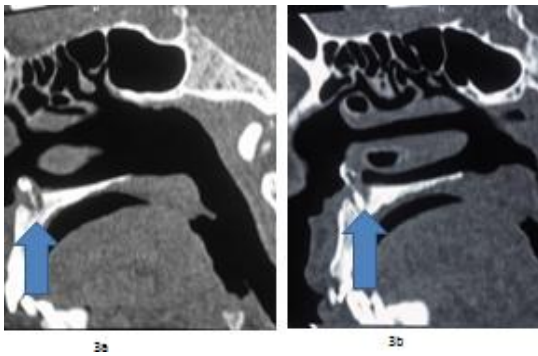
Blood investigations including complete hemogram, peripheral smear and coagulation profile were within normal limits. Patient was subjected to non-contrast CT (NCCT) of Para Nasal Sinuses (PNS) region for further evaluation. NCCT has shown an ectopic tooth projecting vertically from the maxilla to the right nostril (Figure 1a, 1b and Figure 2). The ectopic tooth was just abutting the inferior turbinate (Figure 3a and 3b).



**Figure 1 - Axial thin section of the Paranasal sinuses (a) Hyperdense shadow seen in right nasal cavity abutting the inferior turbinate (horizontal arrow) (b) same shadow is continuous inferiorly abutting hard palate (vertical arrow)**



**Figure 2 - Coronal reformatted section shows the vertical axis of the ectopic tooth with its eruption from mesiodense part of the maxilla (horizontal arrow)**



**Figure 3 - Right parasagittal reformatted images. (a) Medial aspect shows the hard palate relationship (vertical arrow). (b) Slightly lateral to the previous section shows the projection of ectopic tooth abutting the ipsilateral inferior turbinate.**

There was no evidence of any mass in the surrounding vicinity. The radiological diagnosis of nasal tooth was made. The patient was subjected to endoscopic removal of the ectopic tooth and the recovery was uneventful. The patient was advised follow up six monthly.

## DISCUSSION

Ectopic tooth remains undiagnosed for many years before the confirmation is made. The reason for delayed diagnosis of this entity is because of its asymptomatic nature. There can be interruption of the development process of teeth which starts from sixth intrauterine week with deciduous to the permanent dentition between fifth to tenth months of post natal period [2]. This abnormality always occurs during odontogenesis. The site for the ectopic tooth may be palate, nasal septum, antrum, orbit, chin, mandibular condyle or coronoid process. The causes for the displacement can vary from either developmental or

because of underlying cysts or other abnormality like cleft palate. The diagnosis is always made clinically and radiologically.

The nasal tooth is quite rare and the commonest site remains as mesiodens area of maxilla [3]. This can lead to various complaints like rhinitis, epistaxis, perforation, pain in philtrum area in phonation. In our case, the main complaint was epistaxis for which she has reported to the clinician. Smith et al identified 27 cases of intranasal teeth in 1979. In 2008, Subramaniam et al reported missing incisor as nasal tooth in ectopic location [4]. Radiological studies always reveal the exact location and the depth of the ectopic tooth [5]. The endoscopic removal remains as treatment modality of choice for removal of intranasal ectopic tooth [6].

## CONCLUSION

Whenever radiopaque mass is seen in PNS imaging, the ectopic tooth should always be considered as differential in addition to osteoma and rhinolith. The findings may be incidental or accompanied with some complaints of headache, nasal obstruction, recurrent sinusitis, foul smelling discharge or epistaxis.

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