



A Case of a Retained Foreign Body Nose with a Latent Period of 25 Years: A Rare Case Report

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Abstract

We present a case of a 41-years old man with discomfort and small blackish discoloration around the dorsum of nose. Anterior rhinoscopy was unremarkable. It was confirmed a foreign body by CT scan and was removed via external approach. There was a history of Septoplasty around 25-years back without any history of external trauma, a retained foreign body nose with such a long latency of symptoms is a very rare occurrence.

Keywords: Nasal foreign body; Retained foreign body; Long latency

Introduction

Foreign bodies in the nose are common in age group between 2 to 5 years of age. Children are universal explorers; they put everything in their nose or mouth. Most commonly encountered things are beads, paper, parts from toy, piece of plastic, peas, beans, seeds, eraser, sponges, etc. which they put in their nose because of curiosity [1].

Button batteries are dangerous as they cause mucosal necrosis leading to perforation of the septum or lateral nasal wall necrosis, so urgent removal is necessary [2].

Foreign bodies in the nose are rarely seen in adults. Condition with neurological illness, mentally disturbed person, condition with velo-pharyngeal insufficiency and trauma are common causes for these kinds of foreign bodies. Metallic foreign body may remain dormant and may remain in the soft tissues for years without causing any damage to the adjacent structures. They can produce chronic inflammatory reactions and may be a source of infection [3]. This FB may dislodge or migrate and cause symptoms but some are detected incidentally during routine radiological investigations. The identification and removal of those are necessary. The present report describes a very rare case of retained foreign body in the nose and face for a very long latency of twenty-five years.

Case Presentation

A 41-year-old male, with no relevant medical history, presented in otolaryngology OPD with complains of discomfort and a small blackish discolored object piercing from the skin on the dorsum of the nose on the left side for 2 weeks. There was no history of trauma recently. He also complains of slightly irregular area around the site of clinical complaint since few years.

He had a history of nasal surgery around 25-years back for symptoms of deviated nasal septum. The surgery was done in another hospital. The otorhinolaryngology examination, revealed a normal nasal mucosa. There was an erythematous area around the foreign body. A Computed Tomography (CT) scan identified the radiopaque metallic foreign body (Figure 1).

The foreign body was removed under local anesthesia. The foreign body was a distal portion of a 15 number surgical blade (Figure 2, 3). A small wound was primarily repaired with non-absorbable suture. The wound healed completely without any complications.

Discussion

In Adult, Foreign bodies are a result of trauma that results in metallic or glass fragments embedded in the nose or face. The classical symptom of an intranasal foreign body is unilateral foul smelling nasal discharge. Most of the cases are asymptomatic except those where the caregiver or the child gives history of FB inserted in the nose [4]. In adults, most of the cases foreign body either accidental or traumatic is asymptomatic. The occult foreign body can be detected on routine radiography has been previously been reported. The foreign body left *in situ* for over 20 years could be asymptomatic. It could be noticed if the symptoms of pain, discomfort, or facial cellulitis are

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Figure 1: CT scan nose and PNS axial view showing the radio-opaque Foreign body just lateral to the nasal bone.

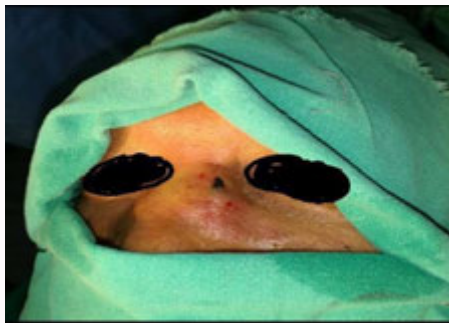


Figure 2: Nasal FB piercing the skin.



Figure 3: Retrieved Foreign body.

present. Metallic FB are mostly inert for several years until there is an infection. Some causes delayed reaction and damage to the adjacent structures. Thus, identification of that FB is essential for the risk of infection.

This case was unusual and interesting as the foreign body was left in situ for last 25 years unnoticed. The foreign body was visible when it pierced the skin and projecting externally. The surgical blade piece

may have been accidentally broken and unnoticed during surgery or was negligent of the operating surgeon not to overlook it during the time of operation. Identification and removal of these foreign bodies is essential because of the risk of infection. In this case, a history of surgery and an area of irregularity and grittiness may point towards a suspicion of FB but since it was asymptomatic, the patient didn't seek any medical attention. The foreign body might have migrated through the bony defect and presented only when it pierced the skin. Very few cases are reported in literature with a long period of latency (up to 30 years) [5].

The localization of the FB is important so that adjacent structure injury can be avoided during surgical removal and the time of removal can be minimized. A radio-opaque FB can be detected with routine radiological investigation.

Various methods for removal of intranasal FB are FB hooks, forceps, suction or sometimes endoscopic assisted removal. Soft tissue FB can be removed through an aesthetic incision *via* the overlying wound or FB. Some cases may need open rhinoplasty approach for cosmesis. Long standing foreign body can be converted into rhinolith due to deposition of calcium and other compounds including carbonates and magnesium around the FB which acts as nuclei for calcium deposits.

Conclusion

Even a simple surgery like septoplasty might lead to accidental or iatrogenic FB in the nose, which may be unnoticed for several years. Unless there is an infection or delayed reaction, it will get noticed.

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