

Nasal teeth

J. P. M. PRACY, M.B., B.S., B.Sc., H. O. L. WILLIAMS, F.R.C.S., P. Q. MONTGOMERY, F.R.C.S. (London)

Abstract

Ectopic and supernumerary teeth occur in a wide variety of sites. Those that have been reported include the mandibular condyle, coronoid process, orbit, palate, nasal cavity and the maxillary antrum. Eruption of teeth into these sites is rare, and easily overlooked. We present two cases in which eruption of teeth into the nose and paranasal sinuses was associated with significant morbidity and show how this was relieved by appropriate surgery.

Case reports

Case 1

A 26-year-old man, was referred to the ENT Outpatient Department, by his General Practitioner, with a six-month history of facial pain and purulent nasal discharge. The pain was centred over his right maxilla and radiated to his forehead. On examination he was found to have mucopus in the right middle meatus and was tender over the right maxilla.

An X-ray had been requested by the General Practitioner and had been reported as showing only 'mucosal thickening in the right maxillary antrum'. The patient was prescribed a course of Augmentin together with ephedrine nose drops and steam inhalations. When reviewed one month later, his symptoms had not resolved and a repeat X-ray was performed which showed a small opaque foreign body in the right maxillary antrum, located laterally just below the orbital floor. This was further confirmed by a CT scan (Fig. 1) and the possibility of an ectopic tooth was proposed. When the original X-ray was reviewed the foreign body could be seen but its presence was partially obscured by the surrounding mucosal thickening. The patient denied any history

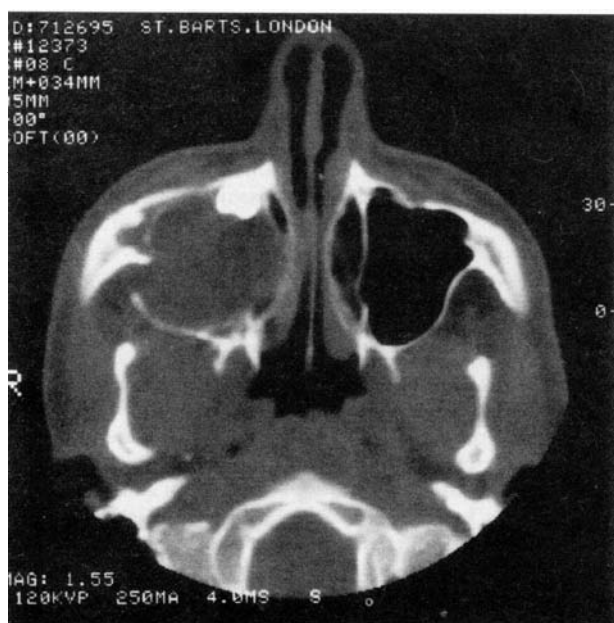


FIG 1

of trauma or previous dental surgery, and on examination had a complete set of adult teeth. At surgery, the right maxillary antrum was entered via a Caldwell-Luc approach. Following the aspiration of pus, the lining was found to be grossly inflamed, a molar tooth was identified anterosuperiorly and removed. The patient was discharged on the second post-operative day, on a combination of oral cephalosporin and metronidazole. On review in the outpatient department one month later, he was asymptomatic; the nasal cavity was healthy and a repeat sinus X-ray showed no more than the usual reduction in translucence following Caldwell-Luc surgery.

Case 2

A 30-year-old man was referred to the outpatient department with a history of longstanding left sided nasal obstruction, left sided rhinorrhoea and snoring. He had used a variety of nasal sprays with no relief of symptoms. One day on looking at his nose in the mirror he thought that he could see a white mass in his left nostril. He gave no history of trauma or previous dental surgery.

On examination in the outpatient department, he was found to have a hard foreign body in the floor of his left nasal cavity. Examination of his teeth revealed complete adult dentition ipsilaterally. The contralateral dentition was abnormal; the upper sixth was missing (the appearance being consistent with extraction), the mandibular canine was ectopic and on X-ray could be seen impacted in the mandible (Fig. 2). The foreign body was later removed under a general anaesthetic and was found to be a rudimentary canine tooth. The patient made a good post-operative recovery and was discharged the following day. He was seen again in outpatients one month later at which time he was entirely asymptomatic.



FIG 2

Discussion

Ectopic eruption of teeth may be the result of trauma (Murty *et al.*, 1988; Johnson, 1981), sepsis (Dayal *et al.*, 1981), overcrowding, or developmental abnormalities (Carver *et al.*, 1990). However, in many cases no aetiological factor can be identified (Smith *et al.*, 1979). While such teeth may remain asymptomatic, the cases presented illustrate how the ectopic eruption of teeth may be associated with significant morbidity which can be treated by surgical removal of the tooth. Ectopic teeth are radiopaque and so lend themselves to diagnosis by X-ray (Smith *et al.*, 1979). Careful assessment of these patients with close inspection of the X-rays may reveal ectopic teeth which are a treatable cause of morbidity in the nose and paranasal sinuses.

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Address for correspondence:

J. P. M. Pracy, M.B., B.S., B.Sc.,
Department of Otolaryngology,
Whipps Cross Hospital,
Walthamstow,
London E.11.

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