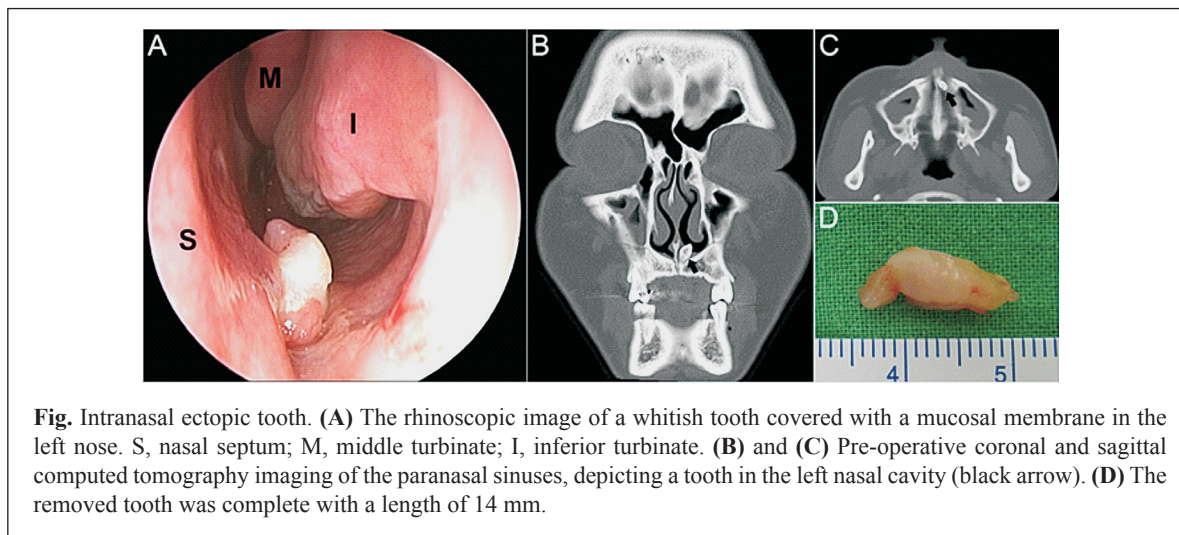


Clinical Images

Intranasal ectopic tooth



A 43 year old woman presented to the otolaryngology outpatient department Tri-Service General Hospital, Taipei, Taiwan, in June 2013, with complaints of a left-sided nasal obstruction and purulent discharge for one year. She had no headache, facial pain, or facial pressure. Upon physical examination, the presence of a white mass covered with nasal mucosa was noted in gross rhinoscopy (Figure A). Computed tomography of the paranasal sinuses demonstrated a well-defined radiopaque mass resembling a tooth in the nasal cavity close to the nasal septum (Figure B and C). Endoscopic sinus surgery was performed to remove the mass, which was found to be a tooth of about 14 mm length (Figure D). During the follow up the patient was doing well three months postoperatively.

An intranasal ectopic tooth is a rare clinical entity and the cause is unclear. The incidence of supernumerary teeth generally affects 0.1 to 1.0 per cent of the population, and of these cases only a small percentage develop an intranasal tooth¹. It can occur in a variety of locations including the maxillary sinus, mandibular condyle, coronoid process, orbital and nasal cavities. The endoscopic approach to remove an intranasal ectopic

tooth involves better exposure of the operative field^{2,3}. Ectopic teeth may be confused with other nasal cavity masses, and nasal foreign bodies, rhinoliths and exostoses should be included in the differential diagnosis.

Wen-Sen Lai^{1,2} & Jih-Chin Lee^{1,*}

¹Department of Otolaryngology-Head and Neck Surgery, Tri-Service General Hospital, National Defense Medical Center, Taipei, &

²Department of Otolaryngology-Head & Neck Surgery, Taichung Armed Forces General Hospital, Taichung, Taiwan

*For correspondence:
doc30450@gmail.com

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