



FOREIGN BODY GRANULOMA MIMICKING DEVIATED NASAL SEPTUM – AN UNUSUAL PRESENTATION

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<p>Article Info <i>Received 27/02/2016</i> <i>Revised 16/03/2016</i> <i>Accepted 25/03/2016</i></p> <p>Key words: Foreign body, Nasal pack, Granuloma.</p>	<p>ABSTRACT Foreign body (FB) in the nose is a frequent situation seen generally among children, but may be seen in adults. A variety of objects left in different sites of the nose is reported in literature, which includes nasal packs that are forgotten and left during or after surgical procedures. These can have various clinical presentations. We report an unusual case who presented with unilateral nasal blockage, was diagnosed as a case of deviated nasal septum, posted for revision septoplasty, and revealed foreign body granuloma within the mucoperichondrial flaps intraoperatively. Such a case has not been reported earlier.</p>
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INTRODUCTION

Nasal foreign bodies may be inert, hygrophilic or corrosive. Though FB in the nose is common in children, it is not uncommon in adults. Nasal packs may be forgotten and left in the nose during or after surgical procedures. Such a foreign body may remain in situ for weeks and only present with unilateral nasal discharge often with pronounced vestibulitis [1]. However, some authors have reported that 63% of cases may be asymptomatic. Some FBs are inert and may remain in the nose for years, but others can harm the mucosa leading to ulceration, epistaxis and toxemia. Longstanding FBs in the nose can also become encrusted with calcified material, and become a rhinolith [2]. These can have various clinical presentations, and a high index of suspicion is required for the diagnosis of such a forgotten entity [3]. We describe an atypical case of a foreign body granuloma in the nasal septum following forgotten gauze packs during surgery, who presented only with unilateral nasal obstruction, was diagnosed as a case of deviated nasal septum on endoscopy, and was posted for revision septoplasty.

Case Report

A 24-year-old male presented to our outpatient department with left sided nasal blockage for 3 years, with

a history of septoplasty 5 years back. Following the first surgery, the patient was asymptomatic for 2 years. There was no history of trauma, nasal discharge, epistaxis, facial pain, hay fever or asthma. Anterior rhinoscopy and nasal endoscopy revealed nasal septal deviation to the left. Rest of the ear, nose, throat, and routine blood examination was unremarkable. We posted the patient for revision septoplasty under local anesthesia. Intraoperatively, a mass was encountered between the septal mucoperichondrial flaps. The mass was removed completely; the nasal obstruction was relieved by removal of the mass. Thereafter, the nasal airway was assessed to be adequate and septoplasty was not performed. After removal, the mass was identified to be a foreign body granuloma (Figure 1) which had formed around a nidus of gauze packs which may have been forgotten in the nose during the past surgery. Histopathological examination revealed a foreign body granuloma. Postoperatively, the patient was relieved of his symptoms, and remains asymptomatic to this date.

DISCUSSION

Foreign bodies are not unusual in the head and neck region, particularly in body orifices. Although foreign



bodies of the nose and paranasal sinuses in adults are uncommon, this problem may occasionally show up clinically¹. This includes nasal packs that are forgotten and left in the nose during or after surgical procedures. Rhinolith is a partially or completely calcified mass of tissues in the nasal cavity which may form around a foreign body nidus or can develop de novo. It is thought that the predisposing factor is the entry and lodgment of a foreign body [4]. They are classified as endogenous when they form around a normal body material and exogenous when they form around foreign bodies usually of non-human materials, inserted or left accidentally in the nose. In our case, a foreign body i.e. gauze could have been left between the mucoperichondrial flaps during surgery, leading to mucosal trauma surrounding the foreign body and formation of granulation tissue and deposition of debris, forming a foreign body granuloma [5, 6]. Extensive search of literature has not revealed any case of a foreign body being left behind between the mucoperichondrial flaps during a nasal surgery.

Nasal packs that are forgotten and left in the nose during or after surgical procedures can lead to inflammatory complications, and cause the patient considerable difficulties [7]. These can have various clinical presentations, and a high index of suspicion is required for the diagnosis of such a forgotten entity. The most frequent signs and symptoms after a latent period are unilateral odorous nasal discharge (often blood stained),

obstruction, pain or discomfort in the nose, epistaxis, swelling, headache, sinusitis, and septal perforation [1]. Toxic shock syndrome is a rare complication associated with placement of nasal packs. In our case, the patient presented atypically only with unilateral nasal obstruction, without any of the symptoms mentioned above, thus, pointing to a false diagnosis of deviated nasal septum. Therefore, the possibility of forgotten nasal packs should be kept in mind when a previously operated patient presents symptomatically.

Following removal of cartilage during septoplasty, the surgical cavity should be carefully examined, and the packs used intraoperatively should be counted meticulously at the end of the procedure. Even after surgery, one must visualize the entire nasal cavity, endoscopically if possible, to ensure that no foreign body is left in the cavity [2]. It is important to use packs that can be identified from outside the nose during or after surgery. Gotwald *et al.* reported about gauze strips left in the ethmoid, leading to the recommendation to use only strips with x-ray markings. If materials are to be left in the nasal space, this must be carefully documented and discussed with the patient. The foreign bodies must be placed correctly and firmly secured. Follow up must be guaranteed and removal planned [8]. This case also illustrates the need to consider various causes for nasal symptoms, even though the findings may point to a different diagnosis.

Fig 1. The foreign body (forgotten nasal packs) after removal



CONCLUSION

The possibility of forgotten nasal packs should be kept in mind when a previously operated patient presents symptomatically. Also, various causes for nasal symptoms should be considered, even though the findings may point to a different diagnosis. To the best of the authors' knowledge, this case is unique with regard to the

presentation and the site of the foreign body following surgery.

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CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

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