

Case Report

Nasal tooth leading to nasal obstruction: Case Report

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Abstract

We report a 21-year-old male was involved in a road traffic accident with injury to the face and bleeding from the nose. The case is learning lesson to all trauma surgeons the need for thorough intraoral examination in a case of injury to the face.

Keywords: Nasal tooth, Road traffic accident

1. Introduction

Various causes such as sports, motor vehicle accidents etc may lead to dental injuries such as crown/root fracture, subluxation, avulsion, and concussion. These injuries are very common following facial trauma^{1,2,3}.

Convulsion disorders can also predispose patients to oral/facial trauma⁴. Fragments and teeth may displace anteriorly, posteriorly, or vertically. Most dentoalveolar fractures are in front of the maxilla and mandible. Due to cosmetic concern trauma involving the area of face is very important⁵.

2. Case detail

A 21-year-old male was involved in a road traffic accident with injury to the face and bleeding from the nose. There was no history of loss of consciousness, vomiting and seizures. On examination he was conscious and oriented. Vitals were stable. Intraoral examination revealed an anterior maxillary dentoalveolar fracture and loss of the right maxillary canine. Other examination was within normal limit. Radiograph of Skull showed a well defined radio opacity noted above the hard palate anteriorly in the nasal cavity suggestive of tooth in the nasal cavity with features of right maxillary sinusitis. (Figure 1)

The patient was referred to oro maxillofacial surgeon for further treatment. The lost right maxillary canine was recovered from the floor of the right nostril.

Figure 1: Skull AP view



3. Discussion

The complication of nasal tooth includes frontal sinus abscess, an airway complication, a respiratory tract obstruction, and a complicated lung abscess or sinusitis.⁶ The most common injuries in primary teeth were luxation (26%), intrusion (21%), and subluxation (18%). Falling was the most common cause of injury (82% primary dentition, 58% permanent dentition), followed by striking against objects (13% primary, 19% permanent) and bicycle accidents (9% permanent).⁷ Most injuries in children with primary dentition (68%) occurred at home, while children with permanent dentition had most accidents at school (38%). Previously reported complete tooth intrusion injuries in primary and permanent dentition were the results of motor vehicle accidents, as here presented, fall, and trauma from seizure disorder.⁸ Skull radiograph can help to make a diagnosis but Computed tomographic scan is diagnostic as well as plan the procedure to be done in such type of injury in the oral and maxillofacial region.⁹

The above case is learning lesson to all trauma surgeons the need for thorough intraoral examination in a case of injury to the face. The missing tooth in the oral cavity should be investigated and treated accordingly.

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