IMAGES IN OTORHINOLARYNGOLOGY

Rhinolith in Right Nasal Cavity

Rinolito en fosa nasal derecha

Rocío Corrales, María Soledad Sánchez, Alfonso Moñux

Departamento de Otorrinolaringología, Complejo Hospitalario La Mancha Centro, Alcázar de San Juan, Ciudad Real, Spain

A 56-year-old patient, presenting with a one-year history of right nasal respiratory insufficiency, mucopurulent rhinorrhea and self-limiting nose bleeds. They had no infectious syndrome or other history of interest.

Nasofibroscopy revealed a granulomatous, yellowish lesion, hard to the touch, surrounded by mucupurulent rhinorrhea with major oedema and bleeding from the surrounding mucosa. The lesion occupied the right nasal vestibule and prevented visualisation of the rest of the cavity.

Biopsy of the lesion revealed the presence of nasal mucosa with chronic inflammatory changes and lithiasic fragments. The CT scan showed a calcified lesion in the lower region of the right nasal cavity, probably associated

Figure 1

* Please cite this article as: Corrales R, Sánchez MS, Moñux A. Rinolito en fosa nasal derecha. Acta Otorrinolaringol Esp. 2015;66:243–244.

* Corresponding author.
E-mail address: vache24@gmail.com (R. Corrales).
with the presence of a foreign body with major peripheral calcification (rhinolith) and secondary inflammatory changes (Fig. 1).

From the radiological and pathological findings a nasosinusal endoscopic approach was used. The rhinolith, which was extracted fragmented, measured approximately 2.5 cm, it was of hard consistency and yellowish in colour and occupied the anterior and middle third of the right nasal cavity. The rest of the endoscopic examination was normal. The definitive pathological anatomy was reported as ulcerated mucosa with hyperplasia of the epithelium and fragments of lithiasis which confirmed the diagnosis of rhinolith (Fig. 2).

The patient recovered satisfactorily and all symptoms disappeared.

A rhinolith is a calcified lesion around an intranasal foreign body. They are located in the anterior third of the nasal cavity and produce unilateral symptoms resulting from obstruction of the airway. Treatment is endoscopic extraction.