Neglected Foreign Body Nose in a Post Operative Patient

Ashar Alamgir 1 and Kiran Ahmad 2
1. Department of ENT Benazir Bhutto Hospital and Rawalpindi Medical College, Rawalpindi; 2. Department of Pathology, Rawalpindi Medical College, Rawalpindi

Introduction
Foreign bodies in nose are commonly seen in ENT department more commonly in children. 1 Foreign body is seen in adults but those who are mentally retarded or psychiatric. 2 Foreign body in nose in a normal adult after surgery is very rare. Intranasal splints are placed inside the nasal cavity after septal surgery to prevent hematoma formation. These are removed after two weeks. Here a case is presented in which one splint was left inside nasal cavity by mistake and remained undiagnosed for one year.

Case Report
A 35 years old male patient presented to the OPD of ENT department of Benazir Bhutto Hospital, Rawalpindi with one year history of whitish nasal discharge and nasal obstruction intermittently. There was history of nasal septal surgery one year back at a government hospital. There was no history of foul smell or blood stained nasal discharge. Patient visited different hospitals in one year but no diagnosis was made. Clinical examination in OPD revealed three perforations in nasal septum in cartilaginous portion and whitish discharge in posterior nasal cavity and on posterior pharyngeal wall. There was no foul smell or blood stained secretions. X-ray of paranasal sinuses was done but it revealed nothing. Patient was examined under local anesthesia. A light blue colored plastic nasal septal splint was removed from posterior part of right side of nasal cavity. It was stained with whitish secretions. Patient symptoms resolved after the removal under antibiotic and antihistamine cover. Patient is still in follow-up phase for management of septal perforations.

Discussion
Foreign bodies in nose usually present with foul smelling and blood stained nasal discharge. But in this case none of these symptoms were present. This might be a reason that most of the surgeons were unable to pick up the finding. There is lot of literature on foreign bodies in nose but they are mostly in children and are accidentally inserted. This case is unique as the patient was normal adult and foreign body was iatrogenic in origin.
This case is also a unique example of misjudgment by many ENT surgeons. Patient visited many ENT surgeons in different hospitals but no one could pick up the finding because of atypical presentation. It
means we should more keenly examine a patient whose symptoms are not resolving despite the treatment. It has been mentioned in a study that 63% of cases may be asymptomatic.\(^3\) So if patient presents with minimal symptoms we should thoroughly investigate such patient. A case was presented by Guthrie in which foreign body remained asymptomatic for 16 years but it was accidentally inserted. In present case the foreign body was left during surgery.\(^4\) A calculus-encrusted plastic pearl was removed from nasal cavity of a patient on dental panoramic radiograph. It was not post operative case but an incidental finding. Present patient was post operative.\(^5\) A neglected case of foreign body nose was presented by Mulazimoglu which entered the nasal cavity after external trauma to the face and went unnoticed for four years.\(^6\)

Usually retained foreign body patients present with foul smelling, blood stained discharge but this patient had no such history. It is concluded that neglected foreign body patients may present with atypical symptoms and we should not ignore the atypical presentation.

**References**