Ectopic Inverted Atypical Tooth in Nasal Cavity in a Patient with Cleft Lip and Palate

Volkan ÇİFTÇİ¹, Özgür ERDOĞAN², Muharrem Cem DOĞAN¹
¹. Faculty of Dentistry, Department of Pediatric Dentistry, Cukurova University, Adana, Turkey
². Faculty of Dentistry, Department of Maxillo Facial Surgery, Okan University, Istanbul, Turkey

Abstract

Ectopic eruption of a tooth in the nasal cavity is rarely seen in patients with cleft lip and palate. Since intranasal teeth have several dental and nasal complications, regular monitoring and timely intervention is required for a cleft lip and palate patient. In this report we present an intranasal permanent incisor tooth of a ten year-old-girl, who previously had two cleft lip and palate repair operations. The clinical appearance, the radiological findings and the treatment options are discussed.

Keywords: Intranasal tooth, Cleft lip, Palate.

INTRODUCTION

Ectopic tooth eruption has been reported in various oral and facial regions such as the maxillary sinus, [1] orbit, [2] palate, [3] condyle, [4] coronoid process, [5] and angulus mandible [6]. Even though it is rare ectopic eruption in the nasal cavity has also been reported. [7] Cleft lip and palate is a congenital malformation that originates from embryologic or fetal developmental disturbances. Intranasal tooth eruption is a rare complication of cleft lip and palate.

In this case report, we described an intranasal permanent incisor tooth in ten-year-old female patient with cleft lip and palate.

CASE REPORT

A ten-year-old female patient with cleft lip and palate was referred to Cukurova University Faculty of Dentistry, Department of Paediatric Dentistry complaining of a mass in the right nasal cavity. The patient had been operated twice in a plastic surgery clinic for repair of the cleft lip and palate at three months and eighteen months of age. The clinical and radiological examinations revealed atypical right upper permanent incisor tooth at the bottom of the right nasal cavity [Figure 1]. The tooth was in an inverted position and the nasal mucosa was perforated by the tooth [Figure 2]. The nasal mucosa around the tooth was hyperemic and the patient reported occasional bleeding from the associated nostril. There was no history of infection in the area. Bilateral scar formation existed as a result of the previous surgical access to the upper lip. There was no sign of an oro-nasal communication. Under endotracheal general anesthesia, the tooth was extracted via a mediolateral subcutaneous incision at the bottom of the right nasal cavity [Figure 3]. Subcutaneous and cutaneous tissues were closed in a primary fashion. The patient was discharged on the same day. Recovery was uneventful after one week.

DISCUSSION

Endicott in 1934 reported the first case of an intranasal tooth eruption of a supernumerary tooth. Smith et al.[9] reported their two cases and reviewed a further 27 well documented cases. To our knowledge, only seven cases of intranasal tooth eruption associated with cleft lip and palate have been reported to date [8,10-14,18].

Intranasal tooth eruption may cause a variety of complaints such as; a sense of a foreign body in the nose, nasal obstruction, recurrent epistaxis, nasal congestion, nasal discharge, oro-nasal fistula, serous or purulent rhinorrhea, chronic oronasal fistula and facial pain [14].
In conclusion, intranasal tooth eruption is a complication of cleft lip and palate. Since the condition may cause several nasal and dental complications and compromise dento alveolar growth, regular monitoring and timely intervention is critical for a cleft lip and palate patient.

REFERENCES
