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Case Report
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An Unusual Epistaxis: Unexpected Discovery

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Abstract

Background: Epistaxis, or nosebleed, is a common complaint in Emergency Medicine.

Case Report: We report an unusual cause, intranasal ectopic tooth following ameloblastoma resection. What initially appeared to be routine brisk epistaxis was later discovered to be an intranasal ectopic tooth following ameloblastoma resection.

Conclusion: Epistaxis due to ectopic dentition is rare, especially after resection of ameloblastoma. Ectopic tooth is one of the causes of epistaxis, although the incidence is very low.

Keywords: Epistaxis; Ectopic Tooth; Ameloblastoma

Background

Epistaxis is a frequently encountered condition in Emergency Medicine, responsible for approximately 1 in 200 Emergency Department (ED) visits [1]. Risk factors of epistaxis include local trauma, substance abuse, foreign body insertion, neoplasms, or acquired coagulopathies, inherited bleeding diatheses [2]. Epistaxis is an infrequent occurrence in cases where it is attributed to ectopic teeth. The occurrence of epistaxis was most likely attributed to the disruption of the nasal mucosa caused by the emerging tooth.

Case Presentation

A 25-year-old man presented to our hospital's emergency department with the complaint of epistaxis from the right side. He was treated in the otolaryngological department for right nasal discharge with nasal pain. He had undergone two operations for right maxillary sinus cysts. Postoperative pathology of the second operation revealed ameloblastoma of the right maxillary sinus. The patient recovered well from surgery, and his symptoms completely resolved. However, right nasal discharge recurred occasionally with epistaxis after 9 years of operation. A nasal examination revealed a white mass in the right nasal cavity, and a computed tomography CT scan confirmed the presence of an ectopic nasal tooth (red arrow) (Figure 1) in the nasal cavity. Intranasal endoscopy showed a pearly white mass extending from the bottom of the right nasal cavity as shown in Figure 1. The patient underwent endoscopic removal of the intranasal tooth under general anesthesia (Figure 2). Postoperative nasal mucosa healed well, symptoms were relieved, and the patient had no dental paresthesia.

Discussion

Ectopic teeth are very rare and are occasionally reported in cases, most commonly in the

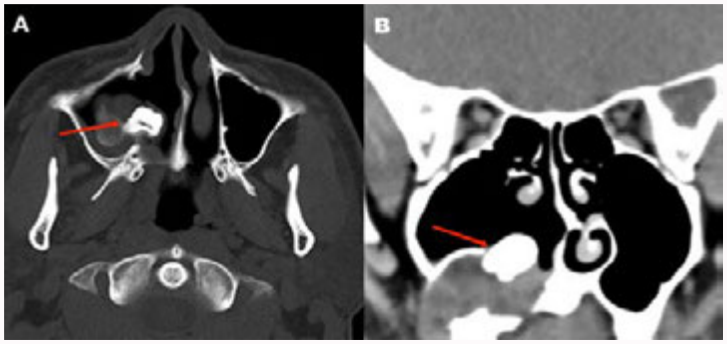

Figure 1: Computed tomography images of ectopic tooth. (A) Axial: CT scan showing the ectopic tooth (arrow). (B) Coronal: The ectopic tooth was located at the inferior margin of the maxillary sinus.

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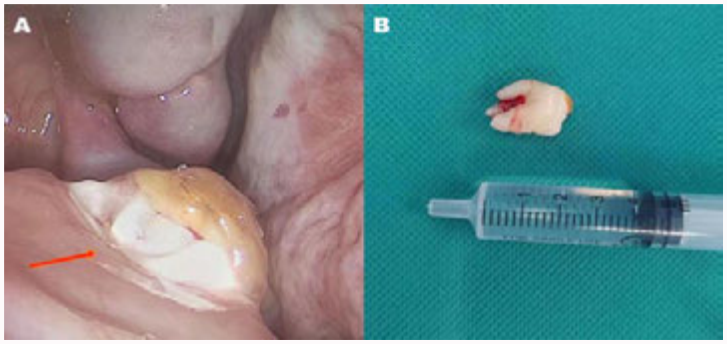

Figure 2 (A, B): Endoscopic image exposure and specimen with ectopic tooth.

upper jaw and maxillary sinus, but also occasionally in other areas [3,4]. Occasionally, these teeth may exhibit no symptoms and are incidentally detected during routine radiographic examination [5]. In this case, epistaxis was most likely related to the breach of the nasal mucosa by the erupting tooth. The exact etiology of the eruption of a tooth into the nasal cavity remains obscure. Trauma, teeth crowding, infection, genetic, dense alveolar bone, iatrogenic causes like dentistry, and developmental disorders are some causes of ectopic teeth in the sinonasal cavity [6]. The case presented here differs from the previous case series because it is the first case to our knowledge in the literature report of an ectopic tooth at the site of previous surgical resection of ameloblastoma of the maxillary sinus.

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