

**Case Report**

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# A Case that Should be Considered in Recurrent Rhinosinusity in Childhood: Rhinolite

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**Introduction:** Rhinolith is a very common disorder in all age groups. It can manifest itself with headache, nasal congestion, bad breath, and recurrent infections. Its diagnosis can be made by anterior rhinoscopy, endoscopy, and radiology. Its treatment is surgery.

**Case report:** A 9-year-old male patient was admitted to our clinic with recurrent nasal infection. In the endoscopic examination, a hard, irregular mass was found in the right nasal passage. Opacity was observed in the right nasal floor on direct radiography. The mass, which was removed under general anesthesia, was sent to pathology. Pathology result was compatible with rhinolith.

**Discussion:** Rhinolith has been known for years. Rhinolith may be asymptomatic in some patients. Rhinolith is the first diagnosis to be considered in recurrent infections and halitosis together with a foreign body.

**Keywords:** Rhinolith, Recurrent infection, Halitosis, Headache

**Introduction**

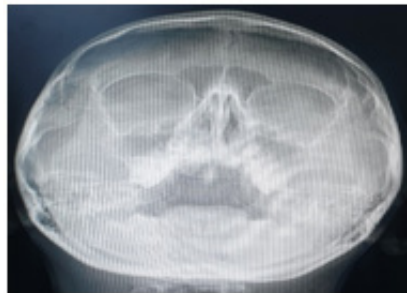
Rhinolith is a mineralized mass formed by the accumulation of salts around a nidus in the nasal cavity [1]. It can be of endogenous and exogenous origin [1,2]. It can be seen in all age groups. Although it is rare, if these foreign bodies placed in the nose in childhood are not removed, it may result in rhinolith formation with the accumulation of nasal secretions around it [3]. It is more common in women than in men. The most common complaints of patients are nasal congestion and malodorous discharge. It rarely causes no complaints and is diagnosed incidentally during routine examination as a mass that fills the nasal passage [2,3]. The treatment is to clear the rhinolith from the nose. For this purpose, the rhinolith in the nasal cavity should be removed under nasal endoscopy [3].

**Case Report**

A nine-year-old male patient with a complaint of recurrent purulent nasal discharge from the right nasal passage for about two years was admitted to our clinic. He used antibiotherapy recently at the time of application. There was no purulent discharge. In the endoscopic examination, an irregularly demarcated brown-gray foreign body was observed in the right nasal passage medial to the lower turbinate, adhering to the base. The mass was removed in one piece with the diagnosis of rhinolith under masked anesthesia-sedation under rigid endoscopy (Figure 1). It was observed that the complaints disappeared during weekly follow-ups for a month. No other foreign body was observed in the nasal passage. In the reported pathology report, findings consistent with foreign body and rhinolith were observed (Figure 1A, Figure 1B).



**Figure1A:** After Surgery.



**Figure1B:** Waters Graph.

## Discussion

Rhinoliths were first described in 1654. Rhinoliths are seen at a rate of 1/10,000, mostly in low-income groups and at all ages [1]. Mineralization occurs with the accumulation of calcium and magnesium salts by creating an inflammatory reaction with the effect of a foreign body in the nidus in the nasal cavity [2]. Although rhinoliths occur symptomatically after the latent period, it may be asymptomatic in some cases [4]. In the literature, a case of rhinolith that did not cause symptoms despite being in the nose for more than eighty years and was detected during routine examination was reported [5]. Complaints such as headache, epistaxis, anosmia, halitosis, epiphora, nasal regurgitation, and swelling in the nose or face may also be observed. Prolonged unilateral nasal obstruction and foul-smelling purulent nasal discharge are the main complaints in symptomatic patients [3, 6, 7]. In the light of this information, endoscopic examination was performed and rhinolith was detected in accordance with the complaints of unilateral nasal discharge with malodorous, ongoing, except for the use of antibiotics for two years. In addition, as in the study conducted by Dogan, et al. [5], it should not be forgotten that patients who were previously diagnosed with rhinoliths and surgically removed may recur due to the deterioration of the structures in that area, and these patients should be called to co-control in the future.

Rhinoliths should definitely be considered in addition to the differential diagnosis of chronic sinusitis, malignancy, especially

foreign body in childhood, in patients with unilateral rhinorrhea, bad odor, obstruction, epistaxis, halitosis.

## Acknowledgement

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## Conflict of Interest

The authors have no conflicts of interest to declare.

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