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Nasal Discomfort Caused by an Ectopic Tooth in an Unusual Location: A Case Report

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Abstract **Case Report**

Ectopic teeth involving the nasal cavity or adjacent nasomaxillary structures are uncommon and may be difficult to localize accurately. We present the case of a 25-year-old woman with no relevant medical history who complained only of nasal discomfort. Imaging revealed a tooth-like radiopaque lesion near the nasal floor/hard palate region, suggestive of an ectopic intranasal tooth. Surgical exploration via a vestibular Caldwell-Luc approach failed to identify any intranasal or ectopic tooth. Although postoperative CT imaging was advised to clarify the finding, the patient was lost to follow-up. This report illustrates the challenges of diagnosing suspected ectopic teeth in atypical locations and emphasizes the need for precise radiologic assessment and postoperative follow-up when imaging and intraoperative findings are discordant.

Keywords: Ectopic, Intranasal, Caldwell-Luc, Nasomaxillary.

INTRODUCTION

The intranasal tooth is a rare clinical finding. Although ectopic or supernumerary teeth occur in 0.1%–1% of the population, their presence within the nasal cavity is particularly uncommon [1–3]. Mesiodens, a supernumerary tooth located in the palatal midline near the incisors, can occasionally erupt ectopically into the nasal cavity. Predisposing factors include trauma, ectopic eruption, supernumerary teeth, odontogenic or rhinogenic infections, and congenital anomalies such as cleft lip or palate [4,5]. Clinical presentation varies: some patients are asymptomatic and diagnosed incidentally, while others may experience nasal obstruction, hyposmia, rhinorrhea, chronic sinusitis, nasal masses, headache, or facial pain. Computed tomography (CT) with three-dimensional reconstruction is essential for accurate localization and surgical planning of intranasal teeth. However, discrepancies between imaging findings and intraoperative observations can occur, highlighting the importance of careful radiologic assessment and postoperative follow-up.

OUR CASE

A 25-year-old woman with no significant medical history presented with mild nasal discomfort. She reported no nasal obstruction, epistaxis, olfactory disturbances, or prior nasal trauma.

Computed tomography (CT) imaging of the nasal cavity revealed a tooth-like radiopaque lesion near the nasal floor and hard palate region, raising suspicion for an ectopic intranasal tooth. Given the imaging findings, surgical exploration was undertaken using a vestibular Caldwell-Luc approach. However, no intranasal or ectopic tooth was identified intraoperatively (Figure1).

The discordance between imaging and surgical findings may be attributed to factors such as imaging artifacts, a supernumerary tooth that was displaced or resorbed, or a misinterpretation of a calcified structure mimicking a tooth. Postoperative CT imaging was advised to further clarify the lesion, but the patient was subsequently lost to follow-up.

This case highlights the challenges of diagnosing ectopic teeth in atypical locations. It emphasizes the need for careful radiologic evaluation and the importance of postoperative follow-up when imaging and intraoperative findings do not correlate, to ensure accurate diagnosis and appropriate management.

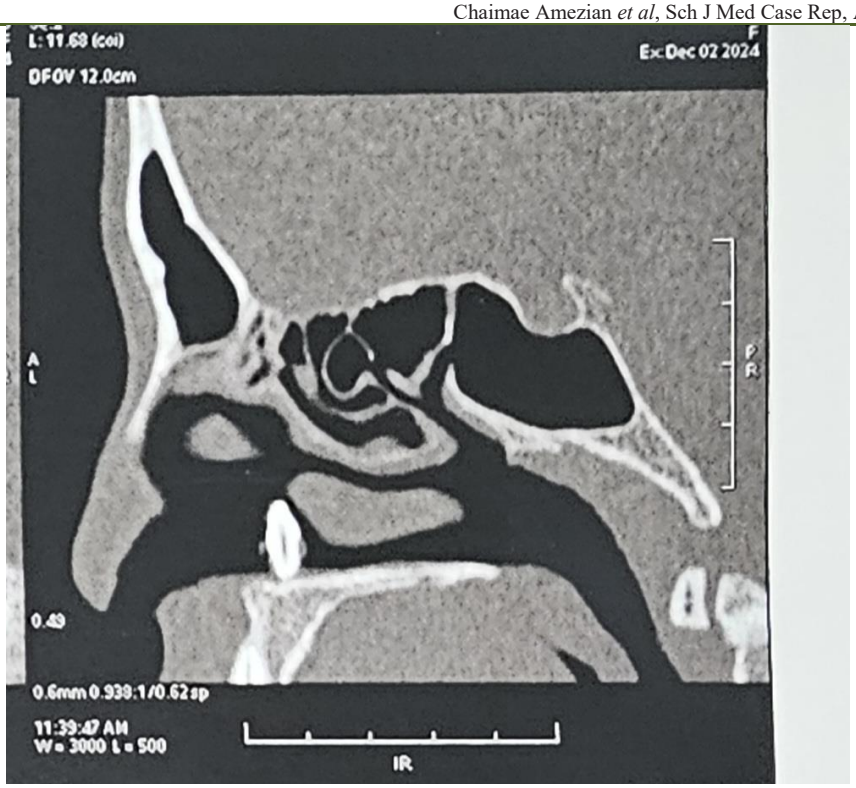

Figure 1: Sagittal CT of the nasal cavity showing a tooth-like radiopaque lesion near the nasal floor and hard palate region

DISCUSSION

Ectopic and intranasal teeth are rare entities, most commonly associated with mesiodens or supernumerary teeth, and may arise due to developmental disturbances, trauma, infection, or congenital anomalies [6,7]. CT imaging is considered the gold standard for diagnosis, as it enables precise localization and differentiation from adjacent osseous structures [8,9]. Typically, intranasal teeth appear as well-defined radiopaque structures with attenuation similar to that of dental enamel and dentin, often with recognizable tooth morphology [7].

In the present case, CT imaging suggested the presence of a tooth-like radiopaque lesion near the nasal floor. However, surgical exploration failed to identify any ectopic tooth. This discordance between imaging and intraoperative findings raises several considerations. First, the radiopaque lesion may have represented a calcified structure mimicking a tooth, such as a rhinolith, osteoma, dystrophic calcification, or foreign body [10,11]. Second, imaging artifacts, including beam-hardening or partial volume effects, may have contributed to misinterpretation [7]. Third, the lesion may have been located in a region not adequately accessed by the surgical approach or may have undergone spontaneous migration, resorption, or fragmentation.

The Caldwell–Luc approach used in this case has traditionally been employed to access the maxillary sinus and adjacent structures. However, endoscopic transnasal approaches are currently preferred due to improved visualization and reduced morbidity [12,13]. Several authors have reported successful removal of intranasal teeth using endoscopic techniques, which allow precise localization and minimally invasive management [14,15]. This further emphasizes the importance of accurate preoperative localization and selection of the most appropriate surgical approach.

A major limitation of this case is the lack of postoperative imaging and follow-up, as the patient was lost to follow-up. This prevented confirmation of the nature and exact location of the radiopaque lesion, and therefore the diagnosis of an ectopic intranasal tooth remains presumptive.

Despite this limitation, this case highlights important clinical considerations. Radiologic findings suggestive of ectopic teeth should be interpreted cautiously, particularly in atypical locations. Correlation between imaging and intraoperative findings is essential, and when discrepancies arise, further imaging and close follow-up are recommended to ensure accurate diagnosis and appropriate management.

CONCLUSION

This case highlights the diagnostic challenges associated with suspected ectopic intranasal teeth, particularly when located in atypical regions and when radiologic and intraoperative findings are discordant. It underscores the importance of careful interpretation of imaging studies, consideration of alternative diagnoses

for tooth-like radiopaque lesions, and the selection of appropriate surgical approaches. When discrepancies arise, repeat imaging and close postoperative follow-up are essential to establish a definitive diagnosis and ensure optimal patient management

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