



ORIGINAL RESEARCH PAPER

Paediatric Surgery

CONGENITAL PALATAL FISTULA IN ASSOCIATION WITH INTRANASAL ECTOPIC TOOTH: A RARE CASE REPORT

KEY WORDS: Congenital palatal fistula

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INTRODUCTION:

Congenital Palatal Fistula is a rare condition and usually associated with cleft lip. Presence of an isolated congenital palatal fistula is very rare. In 1904, von Bergmann noted that the rarest form was a cleft between the palatine processes of the maxilla only, with intact structures posteriorly and anteriorly. Subsequently, in 1931, Veau and Borel reported the first case of a congenital fistula of the hard palate. Over the last century, there have been fewer than 30 cases described in the literature. Exact aetiology of this condition remains unclear. Reported correction techniques are highly variable.

Ectopic intranasal tooth is also a rare condition. It can be supernumerary, deciduous or permanent tooth. The maxillary sinus and palate are the most common sites for ectopic tooth. Other sites are floor of the nasal cavity and rarely to be on the inferior turbinate. Incidence ranges from 0.1 to 1% in general population. In children intranasal teeth are usually associated with cleft lip and palate. In our case there is no cleft lip or palate but there was a congenital palatal fistula. Exact aetiology of ectopic teeth eruption is unknown.

PRESENTATION OF THE CASE: A 3 years old boy has been referred to us with history of repeated left sided nasal blockage associated with pain in left ear for last 2 years. Before our OPD visit the parents went to a general physician for Acute ear pain and fever of the child, where he was diagnosed as a case of Acute Suppurative Otitis Media (ASOM) with impacted foreign body in nose. The child also has a congenital palatal fistula which was diagnosed 2 years ago.

On Examination we found a hard, fixed, whitish mass arising from the medial wall of the left nasal cavity (Fig 1A, 1B).

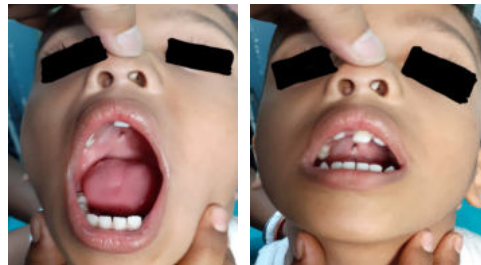


Fig.1A

Fig.1B

His intra oral Dentition was normal, no cleft lip but there is a small (2×2 mm) palatal fistula. He had no speech abnormalities.

There was no past history of trauma to face, no history of maxillofacial or nasal surgery.

We have admitted the child in our care and performed all necessary investigations and treatment for ASOM started.

Plain X-ray PNS revealed radio opaque mass in the left nasal cavity (Fig 2).



Fig.2

CT Scan of Skull and PNS revealed a tooth in left nasal cavity, no adjacent bony destruction or deformity (Fig. 3A, 3B, 3C).

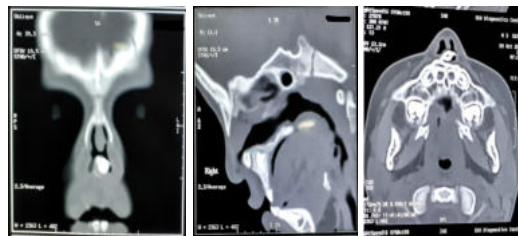


Fig.3A Fig.3B Fig.3C

Patient underwent surgery for repair of the congenital palatal fistula. We referred the child to Otorhinolaryngologist after discharge from our side for extraction of the tooth.

DISCUSSION:

Congenital Palatal Fistula is a rare condition and usually associated with a submucous cleft palate. Presence of an isolated congenital palatal fistula is very rare phenomenon. In 1931 Veau and Borel reported the first case of a congenital fistula of the hard palate. Over the last century there have been very few cases described in the literature. Exact aetiology of this condition remains unclear.

Ectopic intranasal tooth is also a rare phenomenon, with a male predominance (M:F 2.9:1). Most of the cases remain asymptomatic and diagnosed incidentally. No clear etiological factors have been found. However, there are many factors which can be associated with it like genetic factors, cleft lip and palate, maxillofacial trauma, odontogenic infection and displacement due to dental cyst or tumor. Combination of this two condition is very rare. I have not found any case report in the previous literature like this.

CONCLUSION :

Congenital Palatal Fistula is easy to diagnose by clinical examination. Reports revealed suboptimal speech at follow-

up despite various approaches of repair but in our case there was no speech abnormalities.

Intranasal ectopic tooth are mostly asymptomatic and diagnosed incidentally. Some may present with repeated nose blockage, ear pain and occasional bleeding from nose. Treatment is simple, that is extraction of the tooth which can be done even with local anaesthesia.

CONSENT:

Informed consent taken from parents prior to publication of this case report.

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