

Endoscopic sinus surgery for foreign body extraction in an adult patient

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Abstract

The management of an unusual nasal foreign body is illustrated. A 34-year-old male presented to our outpatient clinic after inhalation of liquid cast during preparation of a plaster mask. The foreign body had solidified within the nasal cavities, causing obstruction and headache. Ambulatory removal was incomplete, therefore ESS was indicated.

CLINICAL VIDEO

TITLE: Endoscopic sinus surgery for foreign body extraction in an adult patient

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ABSTRACT

The management of an unusual nasal foreign body is illustrated. A 34-year-old male presented to our outpatient clinic after inhalation of liquid cast during preparation of a plaster mask. The foreign body had solidified within the nasal cavities, causing obstruction and headache. Ambulatory removal was incomplete, therefore ESS was indicated.

KEY CLINICAL MESSAGE

Foreign bodies are an unusual indication for endoscopic sinus surgery. Whenever their extraction is not possible in the outpatient setting and acute sinusitis ensues, thorough exploration and extended dissection under general anesthesia should be taken into consideration in order to clear the nasal cavities.

KEYWORDS

Nasal foreign body – ESS - endoscopic sinus surgery

TEXT

Nasal foreign bodies are extremely common in the pediatric population while being an infrequent presentation for adults [1]. They are a predisposing factor for acute bacterial rhinosinusitis [2] and management of such infection cannot overlook the complete removal of the foreign body.

We illustrate the case of a 34-year-old male who developed nasal obstruction, headache and purulent rhinorrhea following the inhalation of liquid cast during preparation of a plaster mask. Complete ambulatory removal of the solidified cast was not possible, prompting a thorough dissection through endoscopic sinus surgery in order to clear all debris and explore the paranasal cavities.

Conflict of interest

Nothing to declare

Funding

Nothing to declare

Authorship list

- Arianna Cardella: substantial contribution to design of the study; drafting the manuscript; revising the manuscript for important intellectual content, final approval of the version to be published. Agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.
- Andrea Preti: substantial contribution to design of the study; revising the manuscript for important intellectual content, final approval of the version to be published. Agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved
- Roberto Gera: substantial contribution to design of the study; revising the manuscript for important intellectual content, final approval of the version to be published. Agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved
- Francesco Ottaviani: substantial contribution to design of the study; revising the manuscript for important intellectual content, final approval of the version to be published. Agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved
- Francesco Mozzanica: substantial contribution to conception and design of the study; drafting the manuscript, final approval of the version to be published. Agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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Figure legend

Figure 1: Intraoperative view of the foreign body

