

# An Intersting Case: A Long Pin in the Nose

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Received 7 June 2014; revised 6 July 2014; accepted 5 August 2014

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## Abstract

Intranasal foreign bodies are very common problems for ENT practitioners. However, very few case reports of a long pin in the nose are described in the literature. Our case had a pin measured as 33.9 millimeters in the right nasal vestibule, but the patient was not aware of it when she came to us. Actually she was suffering from a headache and nasal obstruction. After removal of the foreign body, the patient's complaints were resolved.

## Keywords

Foreign Body, Pin, Nasal Cavity

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## 1. Introduction

Foreign bodies in the nose are otorhinolaryngologic emergencies. The cases are commonly ocured among children or mental retarded persons [1]-[5]. Foreign body may produce ulceration in the nasal cavity. It may dislodge and aspirate through the nasopharynx [6]. Safety pin in the nose has been reported in medical literature [2]-[5]. But long pin has not been reported. This case was about a patient suffering from a headache and nasal obstruction. In fact she was not aware of foreign body in her nose.

## 2. Case Report

Twelve-year-old child came for otorhinolaryngologic inspection. She was suffering from nasal obstruction and a headache longer than one year. She has been treated for sinusitis several times. There was a purulent discharge from her right nostril and nasopharynx. Right nasal mucosa was edematous and hyperemic. There was dried hemorrhagic right nasal vestibule.

Nasal endoscopy was performed in after nasal decongestant spray. Blunt end of the pin was behind 2 cm the front end of the inferior turbinate. It was sitting on the base of the nasal vestibule. Pointed end of the pin was

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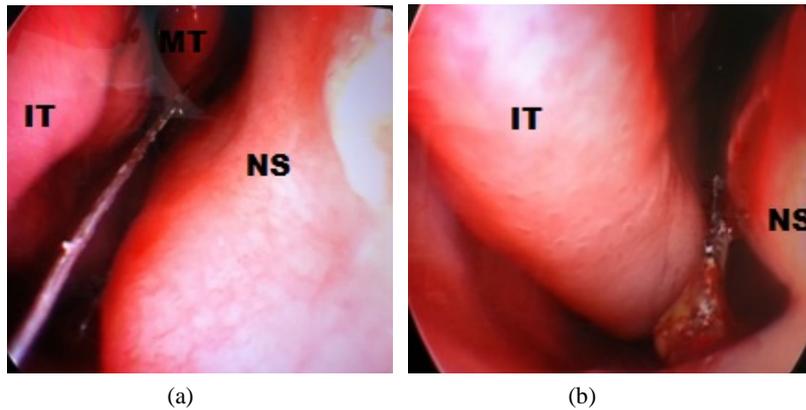
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running along the nasal septum towards the skull base (**Figure 1(a)**, **Figure 1(b)**). It was explained the patient and her family that due to foreign body her complaints.

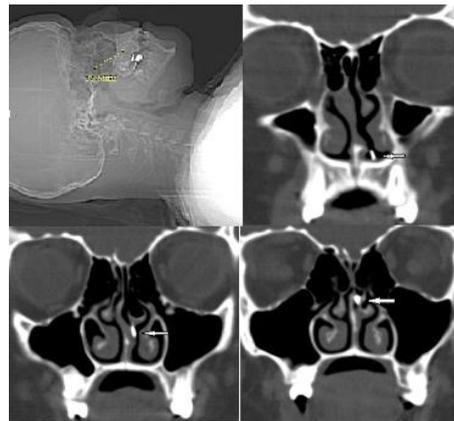
Computed tomography (CT) imaging was decided that in order to better assess the patient. It was seen that lay oblique between nasal base and skull base in CT (**Figure 2**).

Cotton with decongestant and pantocaine were put carefully in the nasal cavity. Superficial anesthesia and decongestion was provided. Then it was taken out carefully using endoscop. It was approximately 4 cm and there was a bead on the end and blunt (**Figure 3**).

After removing the foreign body, the clinical manifestation of the patient was disappeared.



**Figure 1.** (a)-(b) Endoscopic appearance. MT: middle turbinate, IT: inferior turbinate, NS: nasal septum.



**Figure 2.** Paranasal CT scan (Localizer and coronal scan): white arrow: foreign body (long pin).



**Figure 3.** Removed foreign body (long pin).

### 3. Discussion

Nasal foreign bodies are common at an early age [5]. But our case was twelve years old.

It is commonly found in the right nasal cavity, as right-handedness predominates a much greater extent in general population [5]. In this case, pin was in right nasal cavity.

Safety pin as a foreign body in the nose is a rare event. An extensive search of medical literature revealed five such case reports [2]-[5]. They were removed in the early period, but have never been published in the literature as a long pin in the nasal cavity and our case was not aware of the situation.

A long pin in the nasal cavity is an interesting case. Because the patient is twelve years old and her intelligence is normal. Furthermore, the patient's complaint was only about nasal obstruction and headache. She was not aware of a long pin in the nose. It was seen incidentally in routine examination of ear, nose and throat.

Children with headaches and nasal obstructions should be considered having a long pin in the nose.

### Conflict of Interest

No potential conflict of interest relevant to this article was reported.

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