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## How to deal with rhinoliths

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**R**hinolith is like a stone formation within the nasal cavity. Although stones rarely form in the nasal cavity, the findings of calcified objects or stones anywhere within the body have been a subject of interest. Though infrequently observed, nasal concretions can be the source of unpleasant smell from the nose and therefore a social concern for the patient. The salient features of such rhinoliths and their relevance to clinical practice is to be highlighted and is discussed in this presentation so as to enable the attending clinician to be aware of this forgotten entity, which requires a high index of suspicion. Rhinolithiasis was first described by Bartholin in 1654. The etiology is not always detected, and it may be exogenous (such as grains, small stone fragments, plastic parts, seeds, insects, glass, wood and others), or endogenous, resulting from dry secretion, blood clots, mucosal necrosis and tooth fragments, which operate as foreign bodies. Rhinolith (from the Greek rhino meaning nose, and lithos meaning stone) are rare. They are calcareous concretions that are formed by the deposition of salts on an intranasal foreign body. This intranasal foreign body which may incidentally or accidentally access the nasal cavity then acts as the nucleus (thus becoming a focal point) for encrustation. Nasal foreign bodies can either be endogenous or exogenous. Desiccated blood clots, ectopic teeth, and bone fragments are examples of endogenous causes whereas exogenous causes can include fruit seeds, plant material, beads, cotton wool, and at times the material used for taking dental impression rhinoliths can have various clinical presentations. Surgical removal is the treatment of choice. A high index of suspicion is required for the diagnosis of such a forgotten entity



Figure 1. Width of rhinolith measuring 1.5 cm

#### Recent Publications

1. Fahim A Shah (2017) A journey of a thousand year in medical history. *Otolaryngology Online Journal* 7(2):152.
2. Fahim A Shah, S Hasan A Cader and S K G Reghunandanan Nair (2014) Bronchoscopy as a therapeutic and diagnostic tool: a 10-year retrospective study-Sur Hospital experience. *Otolaryngology Online Journal* 4:1.
3. Hasan Abdul Cader Segana, Reghunandanan Nair and Fahim Ahmed Shah (2016) Endoscopic solution to rhinogenic contact headaches. *Bengal Journal of Otolaryngology and Head Neck Surgery* 24(2):60-67.
4. Fahim A Shah, Fahim Ahmed Shah and Nair K Reghunandanan (2011) A case report of F.B (cellular battery) in 18 days old child. *Indian J Otolaryngol Head Neck Surg.* 63(4):377-379.
5. Hasan Abdul Cader Segana, Reghunandanan Nair and Fahim Ahmed Shah (2016) Rhinolith: a forgotten identity-series of 18 cases with review of literature. *Otolaryngology Open Access Journal* 01:08

### **Biography**

Fahim Ahmed Shah is working as an ENT Specialist at Ministry of Health, Oman. He has expertise in evaluation and passion in improving the health and wellbeing in this fraternity of more than 30 years which is obvious in his academic endeavors mounting more than 100 international papers. During 1996 he has worked in the capacity of Phase II E.N.T surgeon in the National Survey for Causes of Blindness, Deafness and Common Eye / Ear diseases for both Buraimi and Ibri areas. This survey was conducted by M.O.H, Oman in collaboration with W.H.O. he has been also working for the National Ear Health Care Programme in the workshop training and clinical training of primary care doctors and nurses, since its beginning.

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