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Editorial Board Member of *World Journal of Clinical Cases*, Dr. Marcelo A F Ribeiro Jr. is Full Professor of Surgery at Pontifical Catholic University – PUC Sorocaba – General and Trauma Surgery, and Professor of the Post-Graduation Program in Surgery, IAMSPE São Paulo (Brazil). He serves as Member and Fellow of the Brazilian College of Surgeons, Brazilian College of Digestive Surgery, Brazilian Trauma Society (General Secretary), American College of Surgeons, American Association for the Surgery of Trauma, Eastern Association for the Surgery of Trauma, and Pan-American Trauma Society (being Chairman of the Education Committee and Member of the Board). (L-Editor: Filipodia)

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Nasal septal foreign body as a complication of dental root canal therapy: A case report

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Abstract

BACKGROUND

Currently, there have been no reports on foreign bodies found in the nasal septum after dental root canal therapy. Herein, we present an unusual case of a foreign body found in the nasal septum, which occurred after dental root canal therapy and two unsuccessful surgeries.

CASE SUMMARY

A 55-year-old man was referred to our department due to slight nasal discomfort that persisted for about 1 wk. Before consulting our department, the patient visited three different hospitals/clinics and underwent two surgeries that were not successful in removing a foreign body completely. A computed tomography scan was performed to detect the shift of the foreign body from dental root to the nasal septum, which resulted in the healing of oral inflammation and nasal septum discomfort. An endoscopic foreign body extraction surgery (3rd removal surgery) was then successfully performed, using a needle as the reference. No nasal reconstruction was required after the operation. Postoperative healing was uneventful.

CONCLUSION

Medical healthcare professionals should consider past medical history when dealing with foreign body cases. During septal foreign body extraction surgery, a needle could be used as a helpful reference.

Key Words: Foreign body; Nasal septum; Endodontic complications; Fractured instruments; Case report

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Core Tip: In this case report, we present the case of a patient who visited four hospitals/clinics and underwent three surgical procedures for complete removal of a foreign body left during the dental root canal therapy. We consider this case suitable for publication for the following reasons: (1) This is an extremely unusual case. To the best of our knowledge, this is the first report on multiple nasal septal foreign bodies as a complication of dental root canal therapy; (2) It has educational value. This malpractice case calls for integrity reinforcement across medical institutions, as the foreign body left from the dental root canal therapy was deliberately covered up by the dentist until the foreign body broke. The patient visited four different hospitals/clinics and underwent three surgical procedures until the foreign bodies were totally removed; and (3) It has clinical value as it may provide an answer to the following questions: What should a dentist do when surgical instruments fracture? How to tell if there are two segments of a needle or if there is only one needle and the other segment is an artifact? Which surgical approach is the best for the patient?

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INTRODUCTION

After dental root canal therapy, foreign bodies may end up in the nasal septum. In most cases, these materials enter the nasal septum *via* oroantral communication, while in some rare cases, they enter *via* tooth socket or *via* the pulp chamber of a tooth. It is suspected that the septal foreign body found after dental root canal therapy occurs following needle tip migration. If not timely treated, it can cause septal abscess and loss of a part of the septal cartilage. Herein, we present an unusual case of a foreign body in the septum, which occurred after dental root canal therapy and two unsuccessful surgeries. We describe the patient's course of events and treatment procedure, including his clinical and imaging findings.

CASE PRESENTATION

Chief complaints

A 55-year-old man was referred to the otorhinolaryngology department due to slight nasal discomfort that persisted for about 1 wk (timeline presented in [Table 1](#)).

History of present illness

Four weeks before the consultation, the patient underwent dental root canal therapy (position 21) in clinic A. Two days after surgery, the patient had swelling and pain in the upper gum and lip, which were suspected to be caused by postoperative inflammation. He was then prescribed antibiotics and nonsteroidal antiinflammatory drugs. Yet, these problems persisted for 1 wk. The patient was then transferred to clinic B. A dental film was taken, revealing two hyperdense and pin-like masses at position 21 ([Figure 1](#)). The second dentist suspected a fishbone and referred the patient to hospital C. According to the dental film ([Figure 1](#)), the patient was diagnosed with a foreign body (the other hyperdense mass was an artifact). Consequently, a dental root foreign body removal surgery was performed under general anesthesia by labiogingival incision, and one piece of pin-like foreign body was successfully removed.

On the second day post-operation, the dental radiography was repeated, revealing a foreign body residue of 29.4 mm from the left incisor ([Figure 2](#)). A second foreign body removal surgery was performed under local anesthesia *via* original labiogingival incision; however, the foreign body was not found despite the long intervention.

After the second surgery, the patient developed slight nasal discomfort that lasted for about 1 wk, after which the patient consulted our department. He underwent a computed tomography (CT) scan of the nasal sinuses. The axial ([Figure 3A](#)), sagittal

Table 1 Timeline of events

Event	Timeline
Dental root canal therapy (position 21) in clinic A	-4 wk
Swelling and pain in the upper gum and lip	-4 wk +1 d
Foreign bodies found at position 21 in clinic B	-3 wk
Dental root foreign body removal surgery in hospital C	-2 wk
Foreign body residue found, and the second removal surgery	-2 wk +1 d
Slight nasal discomfort	-1 wk
Presentation at our department	0 d
Foreign bodies found in the nasal septum	+1 d
Nasal septal foreign body removal surgery	+2 d



Figure 1 Dental film showing the foreign body at position 21.

(Figure 3B), and coronal (Figure 3C) planes showed a pin-like foreign body with hyperdensity in the left side of the nasal septum; three-dimensional reconstruction (Figure 3D) reconfirmed the position.

History of past illness

The patient was otherwise healthy and had no record of previous surgical interventions or the use of medication.

Personal and family history

The patient had no relevant personal or family history.

Physical examination

The patient was immediately admitted. At the intraoral examination, granulation tissues were not evident in area 21. No sign of the foreign body was found following careful digital palpation, except for mild edema in the nasal septum.

Laboratory examinations

The patient's general condition was good, with normal hemoglobin levels and slightly elevated white blood cell count.

Imaging examinations

An emergency operation was scheduled. Before the septal foreign body extraction surgery, a needle was used as the reference (Figure 4A). A CT scan, which was performed to localize the foreign body and to avoid the same scenario from the last

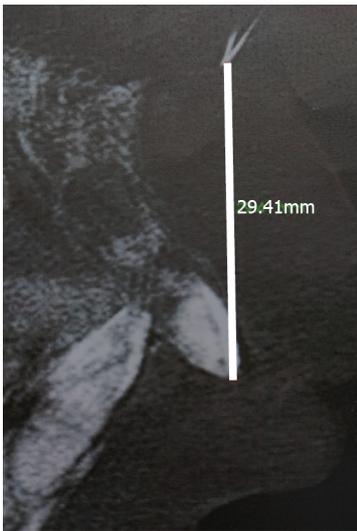


Figure 2 Postoperative dental film showing the foreign body residue 29.4 mm from the tip of the left incisor.



Figure 3 Computed tomography scan of the nasal sinuses before the third surgery. A: Axial plane; B: Sagittal plane; C: Coronal plane showing a pin-like foreign body with hyperdensity in the left side of the nasal septum; D: Three-dimensional reconstruction reconfirmed the position.

surgery, showed the needle pointing right to the pin-like foreign body (Figure 4B-D).

FINAL DIAGNOSIS

The diagnosis of a nasal septal foreign body was confirmed.

TREATMENT

With the needle reference's help, the surgery was completed in half an hour under local anesthesia. The patient underwent surgical treatment for endoscopic extraction of a foreign body that was confirmed to be a piece of a fractured instrument for root canal therapy (Figure 5). The septal cartilage was intact, and no reconstruction was required. The patient was discharged from the hospital the following morning, medicated with a 7-d antibiotic treatment with cefdinir, analgesics, and nasal irrigation therapy. The recovery was uneventful.

OUTCOME AND FOLLOW-UP

At the 1-mo follow-up visit, the patient reported complete resolution of symptoms and did not exhibit septal abscess or deformity.

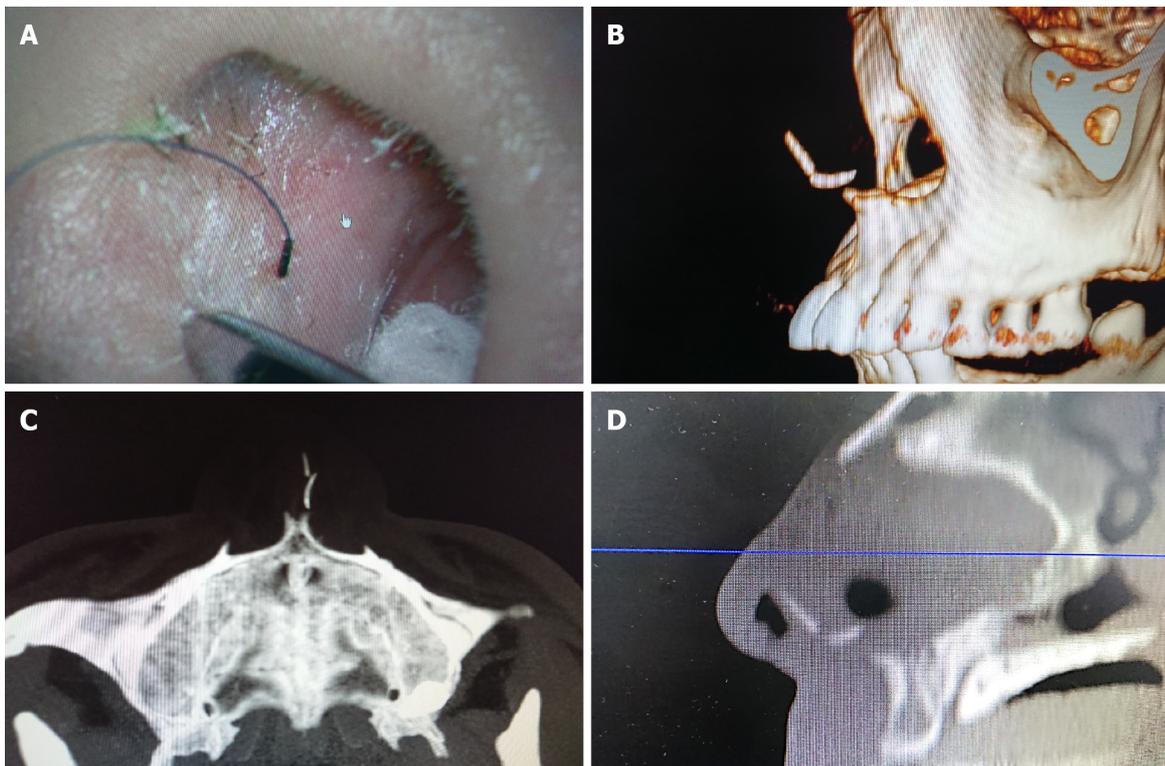


Figure 4 Computed tomography scan of the nasal sinuses after the third surgery. A: A needle was used as a reference; B: Three-dimensional reconstruction; C and D: Axial (C) and sagittal planes (D) showing that the needle was pointing right to the pin-like foreign body.

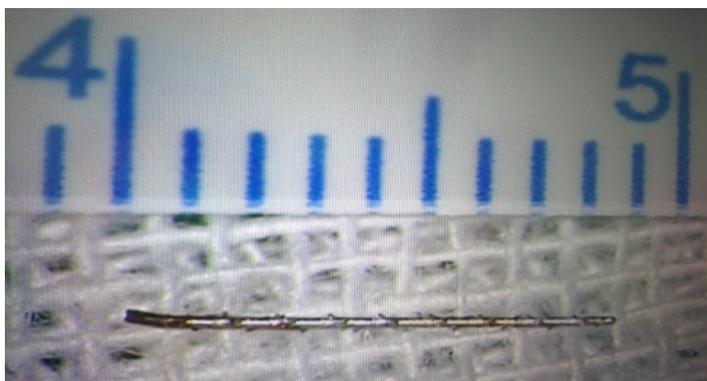


Figure 5 The gross of the foreign body confirmed to be a piece of the fractured instrument for root canal therapy.

DISCUSSION

To the best of our knowledge, this is the first case report of a nasal septal foreign body following dental root canal therapy without recent nasal trauma or rhinoseptoplasty. An instrument fracturing inside a root canal is a relatively frequent and undesirable mishap during endodontic treatment^[1]. Fractured instruments inside the root canal should be diagnosed, documented by an appropriate image examination, and recorded^[2]. Clinical and radiological examinations performed by the maxillofacial surgeon could be used to rule out the odontogenic infection. Though it may seem that retained fractured instruments do not reduce the prognosis of endodontically treated teeth in the absence of apical periodontitis, healing may be significantly reduced if the disease is present^[2]. Also, if an instrument fracture occurs, the patient should always be informed. The doctor can opt to leave the instrument inside the canal or remove it *via* the intracanal approach or surgery^[2-4]. If surgery is needed, transnasal approaches should be preferred for retrieval of the foreign body^[5].

Cases of foreign body migration into the paranasal sinus, orbit, and other adjacent craniofacial structures have been previously reported^[6,7]. Additionally, some patients

with implant migration have developed fungal infections and even cancer^[8]. Foreign bodies in the sinuses should be surgically addressed. If it is complicated with abscess, the treatment should also include surgical drainage of the abscess and nasal packing in the acute phase, followed by antibiotic treatment. Because the infection and accumulation of pus between the cartilage and mucoperichondrium lead to ischemia and necrosis of the cartilage within 24 h, there is a high risk of septal cartilage destruction causing cartilaginous saddle nose deformation if not instantly treated.

The migration can occur due to surgical inexperience, insufficient planning, changes in intranasal pressure, autoimmune reactions, bone resorption, improper occlusal forces, and/or bone deficiencies^[9-11]. In this case, a combination of several factors was probably responsible for this condition, including fracture of instruments inside a root canal and the subsequent surgeries. The route of the transposition of the foreign body from dental root to the nasal septum was assumed to be the following: Periodontal space → anterior space of the premaxillary bone → anterior nasal spine → nasal septum.

To avoid these inconveniences, dentists should be gentle in managing instruments, avoiding extreme angles, and keeping in mind the prevalence of instrument fractures, such as rotary nickel-titanium instruments (over stainless-steel hand), the third apical canals, and retreatment cases^[12]. Also, when the endodontic instrument fracture happens, it should be immediately addressed. Definitive management should be based on a thorough knowledge of each treatment option's success rates, balanced against potential risks of removal or file retention^[2]. Informing obligation must be seriously implemented, accompanied by appropriate record keeping. In addition, close follow-up is needed to check for the potential appearance of inflammation symptoms. Pain, redness, swelling, or purulent discharge requires medication and surgical treatment. Finally, thorough preoperative examination and operative exploration are essential if the remnant foreign body needs to be managed *via* the second procedure.

CONCLUSION

In summary, medical health care professionals should consider past medical history when dealing with a foreign body case. During septal foreign body removal endoscopic surgery, a needle as the reference could be very helpful. Also, CT imaging is crucial for an accurate diagnosis of entire foreign body fragments in the nasal cavity or sinuses.

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