

Case Report


Rhinotillexomania - A rare case report of chronic nose picking

Ankur Jain^{1*}, Nishant Patel¹, Chandra Raychaudhuri², Srajan Dashore¹

¹2nd year Resident, ²Professor and HOD

Department of Radiology SBKS Medical Institute and Research Centre, Sumandeep Vidyapeeth, Vadodara, Gujarat, India

*Corresponding author email: dr.ankurjn07@gmail.com

	International Archives of Integrated Medicine, Vol. 4, Issue 5, May, 2017. Copy right © 2017, IAIM, All Rights Reserved. Available online at http://iaimjournal.com/ ISSN: 2394-0026 (P) ISSN: 2394-0034 (O)
	Received on: 05-04-2017 Accepted on: 14-04-2017 Source of support: Nil Conflict of interest: None declared.
How to cite this article: Jain A, Patel N, Chandra Raychaudhuri, Dashore S. Rhinotillexomania - A rare case report of chronic nose picking. IAIM, 2017; 4(5): 143-145.	

Abstract

Nasal septal lesions are relatively common. Although most manifest with symptoms of nasal destruction, some are incidentally found. Acquired septal lesions may appear due to chronic inflammation and relative ischemia induced by repeated trauma due to nose picking. Because their imaging features often are nonspecific, the diagnosis usually is based also on the clinical history. Rhinotillexomania is a common and generally benign habit in adolescents and adults and only rarely leads to mutilating self-injury. Chronic self-mutilation with resultant loss of body parts occurs most often in schizophrenic and severely obsessive-compulsive patients. The most common symptoms produced by such lesions include nasal obstruction, nasal discharge, epistaxis, facial swelling, and pain. If a physical examination confirms the presence of a trauma, both MR imaging and CT may be used to characterize the finding.

Key words

Nasal septal lesions, Rhinotillexomania.

Introduction

Rhinotillexomania refers to chronic nose picking. Chronic self-mutilation with resultant loss of body parts occurs most often in schizophrenic and severely obsessive-compulsive patients [1]. However, rhinotillexomania is a common and

generally benign habit in adolescents and adults and only rarely leads to mutilating self-injury [2, 3]. Injuries that can occur from rhinotillexomania include nasal septal perforation and epistaxis, which may recur as a result of repetitive trauma. The imaging findings include perforation or

absence of the nasal septum, particularly its anterior and inferior aspect [4]. Septal perforation is due to chronic inflammation and relative ischemia induced by repeated trauma due to nose picking.

Case report

A 50 year old lady patient presented with difficulty in breathing, blockage of nose, bad breath with no previous history of surgery, chronic illness, diabetes mellitus or trauma.

Examination revealed deviated nasal septum to the right side with complete blockage of right nasal cavity with foreign body seen in the nasopharynx and the patient was subjected to CT Examination for further evaluation.

CT Examination showed defect in nasal septum and hard palate with complete absence of left middle and inferior turbinate with calcified foreign body in nasopharynx (**Figure – 1 to 3**).

Figure – 1: CT scan showing destruction of middle and inferior turbinate on the left side.



Figure – 2: CT Scan showing perforation in hard palate and calcified foreign body in nasopharynx.

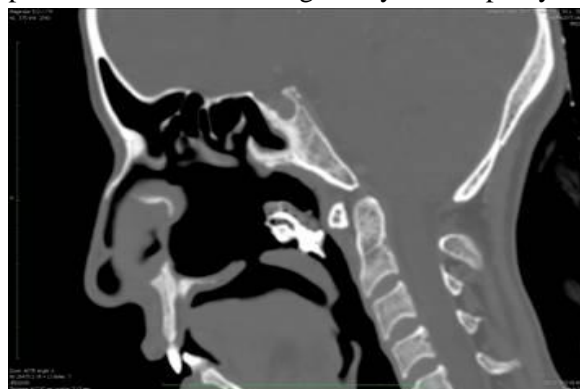
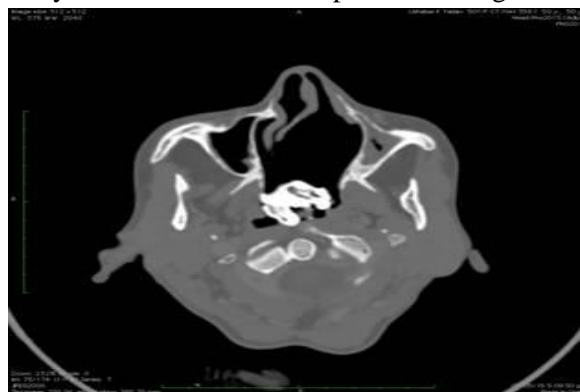


Figure – 3: CT Scan shows a calcified foreign body with deviated nasal septum to the right side.



Discussion

The differential diagnosis includes previous trauma from other causes, such as surgery; Wegener granulomatosis; sarcoidosis, cocaine abuse, syphilis and leprosy [5-7].

In conclusion, this uncommon case with CT documentation demonstrates the extent of nasal and paranasal sinus destruction that may occur from self-inflicted digital nasal trauma. The possibility of self-inflicted injuries should be considered whenever such findings are encountered.

References

1. Akhtar S, Hastings BW. Life threatening self mutilation of the nose. J Clin Psychiatry, 1978; 39: 676-677.
2. Bluestone CD, Stool SE, Kenna MA. Pediatric Otolaryngology, 3rd ed.

- Philadelphia, Pa: Saunders; 1996, p. 782–783.
3. Cummings CW, Fredrickson JM, Harker LA, Krause CJ, Schuller DE. Otolaryngology-Head and Neck Surgery, 2nd edition. St Louis, Mo: Mosby-Year Book; 1993, p. 726
 4. Nelson WE, Behrman RE, Kliegman RM, Arvin AM. Nelson Textbook of Pediatrics, 15th edition, Philadelphia, Pa: Saunders; 1996, p. 1187.
 5. CarusoRD, Sherry RG, Rosenbaum AE, Joy SE, Chang JK, Sanford DM. Self-induced ethmoidectomy from rhinotillexomania. AJNR Am J Neuroradiol., 1997; 18: 1949–1950.
 6. VolkowND. Cocaine abuse and addiction. National Institute on Drug Abuse. Research report. NIH November 2004. Publication number 99–4342.
 7. MessingerE. Narcotic septal perforations due to drug addictions. JAMA, 1962; 179: 964–965.