

Case Report

Rhinotillexomania - A rare case report of chronic nose picking

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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.

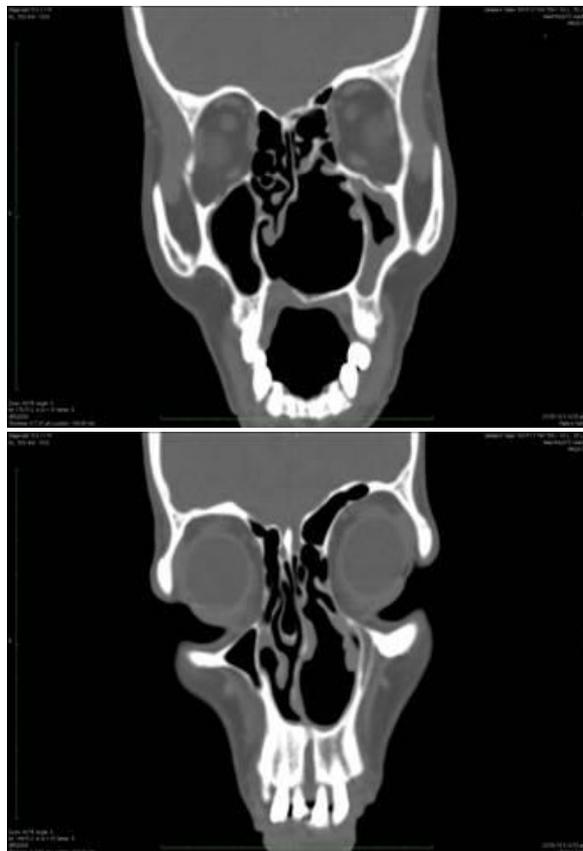


Figure – 2: CT Scan showing perforation in hard palate and calcified foreign body in nasopharynx.

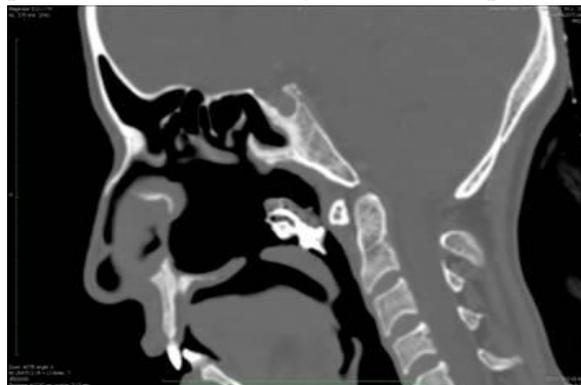
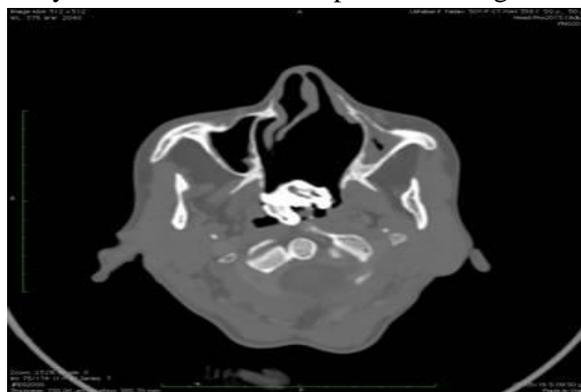


Figure – 3: CT Scan shows a calcified foreign body with deviated nasal septum to the right side.



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.

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