Balloon in the mouth causing congenital stridor

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SUMMARY

Congenital lingual lesions or mass in newborns are rare. A few possible differentials should include congenital lingual cyst, lymphangioma, haemangioma, neurofibroma, lingual thyroid etc. Congenital lingual cyst is uncommon but should be suspected at birth when the tongue appears enlarged by a glistening mass. These anomalies may obstruct the upper aero-digestive tract and can be fatal. A newborn with huge oral cystic lesions must be treated promptly to avoid upper airway obstruction; patients may develop stridor, respiratory difficulties, or swallowing problems. Definitive therapy requires marsupialization or complete excision of the cyst wall under general anaesthesia. We present a case of neonate with a congenital lingual cyst undiagnosed during prenatal follow up. Lingual cysts are a rare congenital lesion. Intraoral cystic lesion should be considered in differential diagnosis in newborn with stridor, respiratory difficulties, or swallowing problems. Early detection and treatment with marsupialization or complete excision of the cyst wall is needed to prevent complication of upper airway obstruction and feeding difficulties.

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Recurrent rhinolith: A rare intranasal foreign body in adult male

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SUMMARY

Rhinoliths are an uncommon mineralized deposit (stone like) inside the nasal cavity and often patients are asymptomatic. Rhinoliths are more frequently seen in the paediatric patients. The incidence of adult rhinoliths is rare to be encountered in clinical practise. We report an interesting case of a healthy adult male, who was unaware of the recurrence rhinolith presenting in his left nasal cavity, which was successfully extracted in several pieces by an endoscopic approach under local anaesthesia. From literature review, this is the only second article of recurrent rhinolith in adults that has been reported. Recurrence of rhinolith is very rare, but still a possible entity to occur in adult patients who present with persistent discharge. This is the only second reported case of an uncommon recurrence after the removal of rhinolith. Patients only complain of foul smelling left nasal discharge, without other nasal symptoms. Recurrent rhinoliths in adults may or may not be associated with specific clinical features. The diagnosis was made only after a proper endoscopic nasal examination. Complete removal of rhinolith is the mainstay of treatment.