Lateral nasal proboscis

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The lateral nasal proboscis is a rare clinical entity. So far, a total of thirty-nine cases have been reported in the literature including Selenkoff's first report in 1884. Only three of these presented findings similar to our case.

Case report

A 4-months-old female baby was brought to the E.N.T. out-patients for absence of left half of the nose and a fleshy tubular mass hanging from the inner canthus of the left eye since birth and this has increased in size. The baby was an 8th full-term normal delivery. The other children were normal. There was no history of consanguinity. The prenatal history was of no significance.

On examination

Nose. There was complete absence of left half of the nose. A soft club-shaped



Fig. 1.

Showing complete absence of left half nose and trunk-like appendage attached to the left inner canthus.

https://doi.org/10.1017/S0022215100076763 Published online by Cambridge University Press

freely mobile, trunk-like appendage, about $\frac{3}{4}$ inch in length, covered with normal skin was attached to the upper and inner canthus of the left eye by a narrow pedicle (Fig. 1). At its lower extremity, there was an eccentric pinpoint opening situated in a dimple which admitted a very thin probe. On pressing it a bead of mucus could be squeezed out. The right anterior nares was slightly narrow, otherwise the right half of the nose was normal.

Throat. Examination revealed an incomplete midline cleft of the upper lip and the upper alveolus as well as absence of left half of the premaxilla.

Left eye. The left lower lid presented a cleft near the medial canthus seen on moving the appendage (Fig. 2). Right eye and ears were normal.

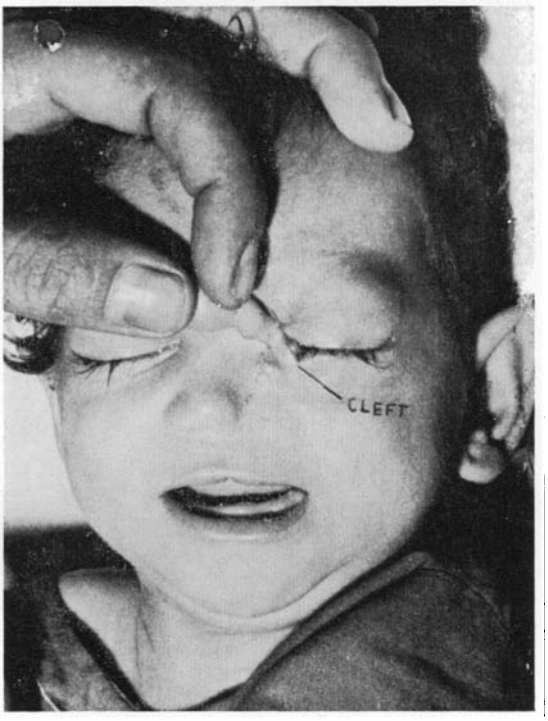


FIG. 2.
Showing cleft in the left lower eyelid.

Systemic examination revealed no other congenital anomaly.

Further examination was carried out under general anaesthesia. Probing of the opening in the proboscis revealed a blind canal $\frac{1}{4}$ inch long (confirmed by lipiodol studies). The upper lacrimal punctum of the left eye was absent. The lower punctum was situated on the lateral limb of the eyelid cleft. A small sinus was seen on the cheek about 1 inch below the normal site of the lacrimal sac. The skin around it was puckered as seen in Figure 3. On syringing through the lower punctum, thick cheesy material gushed out at the sinus opening. Dacryocystography showed the dye injected through the left lower punctum to have entered a dilated sac as seen in Figure 4.

https://doi.org/10.1017/S0022215100076763 Published online by Cambridge University Press

Fundus examination showed typical coloboma of the iris as well as of the choroid and retina involving the optic disc.

X-ray skull and paranasal sinuses were normal.



FIG. 3.
Showing puckered area with the sinus on the left cheek.

Comments

Of the thirty-nine cases reported in the literature only eighteen cases presented associated anomalies of the eye as well. Clefts in the eyelids, the iris and the retina involving the optic disc were seen in three of these cases only. The present case, in addition to having a cleft in the lower lid, the iris and the retina, also presented an aberrant lacrimal sac and opening of the nasolacrimal duct on the surface of the skin on the same side as the proboscis. The association of lateral nasal proboscis with anomalies of the eye pinpoint the 4th–7th weeks of foetal life, the earliest period of malformations, as the period during which the noxious exogenic factor, so far unknown, operated in this particular case. According to Biber (1949) the lateral nasal process is responsible for the formation of proboscis in cases associated with ipsilateral nasal abnormalities as in the present case. As to the management, Biber (1949), Bishop (1964), and Kirkpatrick (1970), have advocated reconstructive surgery after the nasal growth is complete, otherwise the normal side may outgrow the affected side. Surgery is best undertaken before the school-going age so as to spare the child the psychological trauma. Most authors including Blair and Brown (1931),

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Biber (1949), Young (1949), Smith (1950), Bishop (1964), and Kirkpatrick (1970) seem to agree that the proboscis itself forms an ideal material for reconstruction purposes. In keeping with the above views, surgery in this case was deferred to a later date.



FIG. 4.
Dacrocystogram.

Summary

1. A case of lateral nasal proboscis on the left side with complete absence of left half of the nose who also had a cleft in the lower eyelid, the iris and the retina involving the optic disc on the same side as the proboscis is presented along with a review of thirty-nine cases.

2. An aberrant lacrimal sac and opening of the nasolacrimal duct on the surface of the skin as seen in the present case, have not been described so far.

3. An incomplete midline cleft of the upper lip and the upper alveolus as well as absence of left half of premaxilla, are interesting findings seen in this case.

Acknowledgement

We are most grateful to Dr. S. Achaya, F.R.C.S., Principal and Medical Superintendent of Lady Hardinge Medical College and Hospital, New Delhi, for her kind permission to publish the case.

https://doi.org/10.1017/S0022215100076763 Published online by Cambridge University Press

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