BILATERAL CHOANAL ATRESIA

By N. K. APTE (Bombay)

Complete congenital blockage of both nares causes urgent asphyxial symptoms in the majority of cases. There is a high mortality in infants.

A review of the literature of choanal atresia by Durward shows that there were 46 instances of unequivocal bilateral bony atresia in adults, showing thereby that there are survivals in spite of untreated bilateral choanal atresia in the new born.

The present case of an adult female has been reported because of its interesting features.

Case Record

Mrs. N. K., a female aged 34, was admitted on *9.7.63* with a history of purulent nasal discharge from both the nostrils since childhood. A previous operation of submucous resection of the septum had not given any relief. On examination both alae of the nose were pinched, upper incisors protruding and the hard palate highly arched, indicating a long-standing nasal obstruction (Fig. 1). There was a scar on the anterior part of the septum due to the previous operation. Posterior rhinoscopy and digital examination revealed slight depression at the posterior choanae. The posterior choanae were found to be occluded by bone as confirmed by palpation and X-ray examination with instillation of lipiodol (Fig. 2).

Patient was operated on *17.7.63* by a transpalatal incision. Mucoperiosteal flaps were elevated from the choanae and the palatine bones exposed. The posterior border of vomer and the bony block were removed. The mucosal flaps were fashioned to cover the choanae as far as possible. The incision in the palate was sutured. Rubber tubes were kept in the nasal cavities for two weeks as obturators. The patient recovered her sense of smell and lost her nasal voice.

Summary

Bilateral choanal atresia in adults though rare is liable to be missed. Adults, who exhibit the classical signs of mouth breathing and who had no relief with previous operation merit a careful re-examination by a probe or nasopharyngeal examination to exclude this rare congenital anomaly. The present case reported never complained of nasal obstruction or sinusitis.

Acknowledgment

I thank Dr. D. V. Virkar, Dean, J.J. Group of Hospitals for his permission to publish the case.

https://doi.org/10.1017/S0022215100062885 Published online by Cambridge University Press



FIG. 1.
A photograph shows altered physiognomy of face due to congenital nasal obstruction.

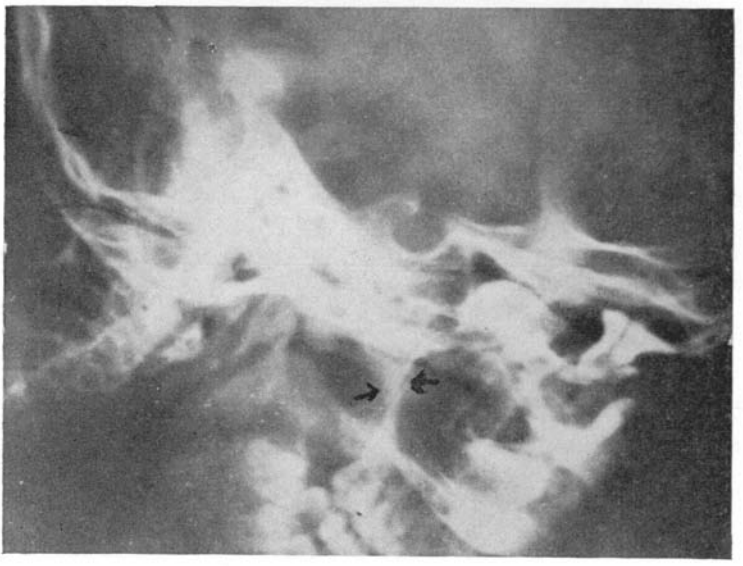


FIG. 2.
Roentgenogram showing the bony partition at posterior choanae. Lipiodol has not reached the obstruction due to accumulated mucus in the nasal cavity.

https://doi.org/10.1017/S0022215100062885 Published online by Cambridge University Press

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Sukh-Sagar,
Hughes Road,
Bombay 7, India.

https://doi.org/10.1017/S0022215100062885 Published online by Cambridge University Press