

鼻腔额外牙并同侧上颌窦炎 1 例

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[关键词] 鼻腔;额外牙;上颌窦炎

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Nasal cavity supernumerary tooth and maxillary sinusitis: one case reported

Summary Supernumerary tooth is a rare case. This report described a case of nasal cavity supernumerary tooth association with maxillary sinusitis. A 28-year-old male patient reported with the chief complaint of nasal obstruction, headache and purulent secretion for the past three months. Clinic examination and CT examination showed that there was a supernumerary tooth in the right nasal bottom, and maxillary sinus was infected in the same side. This patient was performed supernumerary tooth removing and given antibiotics for 3 days. Ten days after the operation, there was no clinical symptoms, and nasal bottom mucosa was normal. After 3 months of follow-up, reexamination of coronal CT scan appeared normal.

Key words nasal cavity; supernumerary tooth; maxillary sinusitis

患者,男,28岁,因右侧鼻阻伴头痛、流脓涕3个月来诊。无牙痛、反复鼻腔出血及涕中带血等不适,否认慢性鼻窦炎病史。专科检查:右侧鼻底近鼻前庭略突起,表面灰白色脓性分泌物,清除分泌物后见局部肉芽组织增生,肉芽组织间有灰白色、团块状质硬结石样物质,深部可见骨性组织突起,可疑为牙齿结构。口腔牙龈黏膜光滑,未见异常红肿及瘘管,双侧上颌牙齿排列整齐,数量正常。鼻窦CT显示右侧鼻底可见牙齿样结构,右侧上颌窦腔内充满炎性组织密度影,未见骨质破坏(图1)。诊断为鼻腔多生牙并上颌窦炎(右侧)。门诊局部麻醉下行右侧鼻腔多生牙拔除术,清除局部团块状物,完整拔出牙齿(图2),鼻底部无菌凡士林纱条填

压48h,口服抗生素3d。10d后复诊,头痛、流脓涕症状消失,鼻底部创面皮肤平整,局部未见肉芽组织增生及异常分泌物。3个月后复查鼻窦CT显示右侧上颌窦内炎性密度影消退(图3)。

讨论 异位牙多发生于上颌骨,与鼻腔及上颌窦关系密切^[1-2]。发生于鼻腔者,称为鼻腔牙,在耳鼻咽喉科临床诊疗中属少见病,同时合并鼻窦炎者更为少见。鼻腔牙多位于鼻腔底部,由于牙齿表面肉芽组织增生或有牙石样物,易被误诊为鼻腔异物,当合并鼻窦炎出现头痛时易被误诊为肿瘤等,临床诊治中,需注意详细询问病史,仔细检查,以防误诊。鼻窦冠状位CT检查对明确诊断有重要价值^[3-4]。



图1 治疗前鼻窦CT显示右侧鼻腔多生牙及右侧上颌窦炎性密度影; 图2 拔除的多生牙及表面结石样物;
图3 治疗后3个月复查鼻窦CT示右侧上颌窦炎症消退。

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• 综述 •

慢性鼻-鼻窦炎伴鼻息肉合并哮喘炎症亚型的界定*

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[关键词] 鼻窦炎;鼻息肉;哮喘;内镜检查;异质性

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Definition of inflammatory subtypes of chronic rhinosinusitis with nasal polyp and asthma

Summary Chronic rhinosinusitis with nasal polyps (CRSwNP) and asthma is a common clinical refractory airway disease. Comprehensive treatment of nasal endoscopic surgery including nasal endoscopic surgery and medication, which can significantly improve nose-pulmonary symptoms and make sinusitis and asthma easier to be controlled by medication, has certain superiority. But the existence of disease heterogeneity of CRSwNP with asthma causes different reactions to the current treatment, which manifests as parts of polyps and asthma easy to recur and difficult to control. According to the research recently, the study of the heterogeneity of airway diseases, for example endotype, is a hot area of research. Endotype is a subtype of a condition, which is defined by a distinct functional or pathobiological mechanism. This is distinct from a phenotype, which is any observable characteristic or trait of a disease. Different Inflammatory subtypes often represent different pathophysiology and even different pathogenesis. The concept of inflammatory subtypes of airway diseases provides a new perspective for studies of airway diseases of endotype and the mechanism of combined airway diseases. This review summarizes recent advances in the clinical characterization and treatment of the CRSwNP with asthma. On this basis, we analyze and summarize the heterogeneity of CRSwNP and asthma separately from the perspective of inflammatory subtypes. Then according to the concept of the combined airway diseases and the common pathogenesis, we put forward the definition of inflammatory subtypes of the CRSwNP with asthma and preliminarily discuss the method of the definition.

Key words sinusitis; nasal polyps; asthma; endoscopy; heterogeneity

慢性鼻-鼻窦炎 (chronic rhinosinusitis, CRS)

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伴鼻息肉(CRSwNP)合并哮喘是临床上常见的难治性气道疾病,采用鼻内镜手术综合治疗(手术治疗+药物治疗)对 CRSwNP 伴哮喘患者的疗效具有一定的优越性,可显著改善鼻-肺部症状,同时使鼻窦炎和哮喘更易受药物控制,但因疾病异质性问题

胚胎期牙齿是由上下颌突和额鼻突的外胚层及外胚间充质发育而来,鼻腔牙多由上述组织胚胎期部分异位所致。鼻腔牙常见有异位牙和多生牙(额外牙)两种情况:患者上牙齿不整齐且数目缺少者为异位牙;牙齿整齐,数目正常者为多生牙,该患者属于多生牙。多生牙暴露于鼻腔底部的部分局部常有肉芽组织增生,合并感染时,可影响鼻腔通气,黏膜的炎症状态还可直接或间接影响鼻窦通气和引流,导致鼻窦炎症。该患者完整拔除鼻腔多生牙后,同侧上颌窦炎未经特殊治疗而自愈,这也证明鼻腔多生牙是同侧上颌窦炎发病的主要致病因素。

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