Clinical Images

A rare case of bilateral nasal block

Fig. 1 (A). Clinical picture of the patient showing prominent forehead, broad nasal root (black arrow) and wide set eyes. 1. (B) Anteroposterior and (C) lateral views of skull radiograph showing thickened craniofacial bones with dolichocephalic shape of skull. Fig. 2. (A), Oblique axial CT showing markedly thickened bilateral nasal bones (black asterisks), nasal septum (white arrow), and nasal turbinates (black arrows) causing significant compromise of both nasal cavities. Thickened skull bones are also seen (curved white arrow). Thickened maxillary bone is also seen with absence of maxillary sinus cavities (dotted white arrows). 2. (B) Volume rendered CT of the face showing thickened craniofacial bones especially both nasal bones (black arrow). Fig. 3. X-rays of bilateral femur (anteroposterior view) showing widening of metaphysis (black arrows) with narrow diaphysis (white arrows) giving Erlenmeyer-flask appearance.

A seven year old male child was referred to the Radiology department of Saveetha Medical College and Hospital, Thandalam, Kanchipuram, India in January 2014, for evaluation of abnormal facies and gradually increasing bilateral nasal block for the last two years. According to parents, perinatal period was uneventful. The child was normal till six months of age, after which facial deformity started appearing. Examination
showed prominent forehead, wide set eyes and broad
nasal root (Fig. 1A). X-rays and computed tomography
(CT) of skull showed marked thickening and sclerosis
of all craniofacial bones (Figs 1B, 1C, 2) with
dolichocephalic shape of skull. Marked compromise of
bilateral nasal cavities was noted due to thickening of
nasal bones, nasal septum and wall of paranasal sinuses
(Fig. 2). X-rays of bilateral femur showed widened
metaphysis with Erlenmeyer flask deformity (Fig. 3).
All laboratory investigations were within normal limits
except for increase in serum alkaline phosphatase (399
IU/l). Diagnosis of craniometaphyseal dysplasia was
made. Surgical correction for bilateral nasal block was
advised, however, his parents refused. The patient is
being managed conservatively with low calcium diet
and calcitriol. There has been no progression of his
symptoms till six months of follow up.

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