To nasendoscope or not to nasendoscope, that is the question

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Dear Editor,

The second author was previously involved in a case report involving a female patient who presented with symptom of unilateral nasal obstruction and was subsequently found in theatre to have a rhinolith resulting from a foreign body [1]. That patient was not nasendoscoped in clinic before being listed for septoplasty.

Recently, we encountered another case whereby nasendoscopy in clinic would have clinched the diagnosis and thus avoid unnecessary general anaesthetic for septoplasty. This was a 45-year-old man with symptom of unilateral right-sided nasal blockage. He was seen in clinic by a senior ENT surgeon who diagnosed him with septal deviation following anterior rhinoscopy. He underwent septoplasty and was followed up in clinic 6 weeks later. His nasal septum was now fairly central. However, he was still complaining that there was no improvement in his right-sided nasal blockage. Flexible nasendoscopy revealed that in fact what he had was a unilateral right-sided choanal atresia. This was later confirmed with a CT scan (see Fig. 1). Apology was proffered and he was listed for the appropriate surgery. He mentioned that he had complete right-sided nasal blockage all his life and he has a brother who went to continental Europe to have surgery for similar problem.

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Fig. 1 Axial CT Sinus showing unilateral right sided choanal atresia

We believe these two cases illustrate the need for nasendoscopy in clinic for ALL patients with nasal blockage even if there are obvious nasal septal deviations anteriorly. Although this is considered as a minimum requirement in nasal examination by many, it is not consistently carried out in the outpatient setting. Failure to do so may result in unnecessary general anaesthesia and possible litigation.

Therefore, to paraphrase the Great Bard himself; patient with symptom of nasal blockage, to nasendoscope or not to nasendoscope? Definitely yes.

Reference

1. (2010) BMJ Case Rep. doi:[10.1136/bcr.04.2010.2911](https://doi.org/10.1136/bcr.04.2010.2911)