# EUROPEAN JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.ejpmr.com

Review Article
ISSN 2394-3211
EJPMR

## ORONASAL FISTULA SECONDARY TO TRAUMA -A RARE CLINICAL IMAGE

# Sahana K.<sup>1</sup>, Raghavendra Kini<sup>2</sup>, Kamakshi Jha<sup>2</sup> and Shwetha Kajjari<sup>2</sup>

<sup>1</sup>Postgraduate Student, Department of Oral Medicine and Radiology, AJ Institute of Dental Sciences, Kuntikana, Mangalore, Karnataka, India.

<sup>2</sup>Professor and Head, Department of Oral Medicine and Radiology, AJ Institute of Dental Sciences, Kuntikana, Mangalore, Karnataka, India.

<sup>2</sup>Postgraduate Student, Department of Oral Medicine and Radiology, AJ Institute of Dental Sciences, Kuntikana, Mangalore, Karnataka, India.

<sup>2</sup>Senior lecturer, Department of Pedodontics and Preventive dentistry, Subbaiah Institute of Dental Sciences, Shimoga, Karnataka, India.

#### \*Corresponding Author: Sahana K.

Postgraduate Student, Department of Oral Medicine and Radiology, AJ Institute of Dental Sciences, Kuntikana, Mangalore, Karnataka, India. Email ID: <a href="mailto:sahanakanthila@gmail.com">sahanakanthila@gmail.com</a>

Article Received on 24/06/2018

Article Revised on 13/07/2018

Article Accepted on 03/08/2018

A 45 yrs old male patient has visited out patient department with the chief complaint of nasal regurgitation of food since 8 months. He had met with the accident 8 months back, following which he developed nasal regurgitation. Voice with the nasal twang was present. Patient was using denture adhesive gel to cover the palatal defect. On intra oral examination, an oval defect measuring 0.5x 1cm, on the left side of mid palatine raphe in the hard palate communicating with the floor of the nasal cavity was evident. Water in mouth test was positive with nasal regurgitation of water. The soft tissue surrounding the perforation was normal. Based on history and clinical examination provisional diagnosis of oronasal fistula of posterior hard palate was considered. The oronasal fistula is the condition in which a chronic communication between the oral and nasal cavity occurs. It usually affects the patients with cleft palate. However, other uncommon etiologies of oronasal fistula are facial traumas, infections and neoplasia. In present a case of oronasal fistula was present as a consequence of facial trauma. According to Smith et al. palatal fistula can be divided into seven types:

Type I—referred to bifid uvula.

Type II—means fistula in the soft palate.

Type III—means fistula at junction of the soft and hard palates.

Type IV—means fistula in the hard palate.

Type V—indicates that the fistula at junction of the primary and secondary palates.

Type VI—means lingual alveolar fistula.

Type VII—means labial alveolar fistula.<sup>[2]</sup>

Our case comes under type 4 subdivision.



Fig. 1: Showing oronasal fistula in the palate.

Oronasal fistula can cause nasal twang because of the escape of air while talking which was positive in our case. It can also cause food and fluid regurgitation into nasal cavity as in our case and can cause major discomfort. Hence diagnosis of and treatment of the condition is mandatory. Patient further referred department of prosthodontics for treatment.

### REFERENCES

- 1. Fonseca Oliveira MT<sup>1</sup>, Rodrigues Freire D, Zanetta-Barbosa D, Mambrini Furtado L, Dantas Batista J, Sargenti-NS. Two-flap palatoplasty for treatment of oronasal fistula by trauma sequel. Minerva Stomatol, 2011 Oct; 60(10): 551-3.
- 2. Smith DM, Vecchione L, Jiang S, Ford M, Deleyiannis FW, Haralam MA, Naran S, Worrall CI, Dudas JR, Afifi AM, Marazita ML, Losee JE. The Pittsburgh fistula classification system: a

www.ejpmr.com 179

- standardized scheme for the description of palatal fistulas. Cleft Palate Craniofac J., 2007; 44: 590–4.
- 3. Inman DS, Thomas P, Hodgkinson PD, Reid CA. Oro-nasal fistula development and velopharyngeal insufficiency following primary cleft palate surgeryan audit of 148 children born between 1985 and 1997. Br J Plast Surg., 2005; 58: 1051–54.

www.ejpmr.com 180