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A Dangerous Furuncle Involving the Nasal Vestibule

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An 8-year-old immunocompetent boy presented with painful swelling on the nasal dorsum since 3 days. Examination revealed fever, a furuncle involving the left nasal vestibule, and diffuse swelling on the left half of the face (Fig. 1). Incision and drainage of the furuncle followed by drainage of the subcutaneous abscess using a transoral approach via a gingivolabial incision were conducted. *Staphylococcus aureus* sensitive to amoxicillin was detected in the culture of the pus. Treatment involving intravenous amoxicillin with clavulanic acid (1.2 g twice a day; GSK, India) was initiated for 4 days followed by oral administration for 3 days. Follow-up performed after 2 weeks showed complete resolution. Nasal furunculosis is a fairly common condition encountered in clinical practice, and most patients remain unaware about its fatal complications such as orbital cellulitis, facial cellulitis, and cavernous sinus thrombosis (1). This condition is commonly observed in diabetic patients, children, and those with the habit of nose picking. The treatment for nasal furunculosis includes drainage of pus with anti-staphylococcal antibiotics (2, 3). Most patients can be managed on an outpatient basis; however, those with complication-related features require hospital admission and intravenous antibiotics (1–3). Prompt diagnosis and treatment are crucial to limit the spread of the disease and inadvertent complications.



Figure 1. A child with crusting and pus discharge from the left vestibule along with swelling on the left side of upper lip and face

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