

# Partial Congenital Arhinia: A Case Report

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## Abstract

**Background:** Partial congenital arhinia is an extremely rare craniofacial malformation characterized by the absence of nasal structures, often associated with other midline and cerebral anomalies.

**Objective:** We report a case of partial arhinia managed at CHU Mohamed VI in Marrakech, Morocco, aiming to contribute to the limited literature on this anomaly.

**Case Presentation:** A 33-year-old woman with no significant medical or familial history presented at 34 weeks of gestation without prior prenatal care. Ultrasound revealed microcephaly, bilateral microphthalmia, and ventriculomegaly with suspected holoprosencephaly. A cesarean section was performed, and the newborn showed a single nostril, facial dysmorphism, and severe respiratory distress, leading to death two hours after birth.

**Conclusion:** This case underlines the need for early prenatal screening, multidisciplinary management, and increased awareness of rare congenital anomalies, especially in low-resource settings.

## Introduction

Congenital arhinia is an extremely rare embryological malformation characterized by the complete or partial absence of the external nose and nasal cavities [1,2]. Fewer than 100 cases have been reported in the literature over the past century, with partial forms being even more exceptional [1,3]. This anomaly is frequently associated with other craniofacial and midline defects, such as cleft palate, microcephaly, or ocular abnormalities [1,2,4]. The distinction between complete and partial arhinia is based on the presence of the olfactory bulb, which is absent in the complete form [2,5]. Arhinia can be life-threatening at birth due to severe respiratory and feeding difficulties, requiring immediate and specialized neonatal care [1,4,6]. We report here a case of congenital partial arhinia, highlighting the diagnostic and therapeutic challenges posed by this rare condition.

## Objective

To present a rare case of congenital partial arhinia, managed at the Mohamed VI University Hospital in Marrakech, Morocco, and to discuss the associated clinical, diagnostic, and therapeutic challenges in light of a review of the current literature.

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## 36 Case Report

37 We report the case of a 33-year-old female patient, G2P2, with a history of cesarean delivery  
38 7 years ago due to transverse presentation; her child is in good health. The patient had no  
39 significant medical history, no consanguinity, and no known congenital anomalies in the  
40 family.

41 She presented to the emergency department at 34 weeks of amenorrhea with suspicion of  
42 fetal malformation. No prenatal follow-up had been performed and no ultrasound  
43 examination had been done prior. The ultrasound performed at the emergency department  
44 revealed a viable singleton pregnancy in cephalic presentation, with microcephaly, bilateral  
45 microphthalmia, and bilateral ventriculomegaly. Holoprosencephaly was strongly  
46 suspected. The estimated fetal weight was 1792 g.

47 Delivery was performed by scheduled cesarean section. At birth, clinical examination of the  
48 newborn revealed a single patent nostril, associated with marked facial dysmorphism  
49 including low-set ears, micrognathia, microstomia, hypotelorism, and a short neck. Birth  
50 weight was 1720 g. Macroscopic examination of the placenta showed no abnormalities.

51 The newborn presented with immediate respiratory distress. Despite neonatal intensive  
52 care management, death occurred two hours after birth.



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54 Figure 1 : Photographs of the patient that shows congenital partial arhinia with low-set ears,  
55 micrognathia, microstomia, hypotelorism, and a short neck.

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## Discussion

Congenital arhinia is an extremely rare embryological defect characterized by the partial or complete absence of nasal structures and soft tissues. Epidemiologically, fewer than 100 cases have been reported worldwide, with partial arhinia being even rarer than the complete form [9,10]. The condition predominantly occurs sporadically, although familial cases have occasionally been documented, suggesting a possible genetic component [11,12].

Several risk factors have been proposed, including genetic mutations, chromosomal abnormalities, and environmental influences during early embryogenesis, but the exact etiology remains largely unknown. Associations with midline craniofacial defects, such as holoprosencephaly, cleft palate, and ocular abnormalities, are frequently reported [13,14]. These anomalies reflect disruptions in early forebrain and facial development.

Prenatal diagnosis of arhinia is challenging but possible through detailed ultrasound and fetal MRI, which can detect absence of nasal structures and associated brain malformations. In our case, the diagnosis was suspected at 34 weeks of amenorrhea via ultrasound, revealing microcephaly, bilateral microphthalmia, ventriculomegaly, and suspected holoprosencephaly [15]. Unfortunately, no prior prenatal screening was conducted.

Genetic studies, including analysis of the SMCHD1 gene, have recently been linked to cases of arhinia, yet such investigations were not performed for our patient due to resource limitations [16]. Genetic counseling is recommended for affected families when feasible.

Clinically, arhinia poses significant challenges, particularly respiratory distress at birth due to nasal airway obstruction, which was observed in our patient and led to early neonatal death despite intensive care [9].

## Conclusion

Partial congenital arhinia is an exceptionally rare malformation with serious neonatal challenges, especially respiratory distress [17]. Our case from Mohamed VI university hospital in Marrakech highlights the importance of early prenatal diagnosis and multidisciplinary management to improve outcomes [18,19]. Despite advances in genetic understanding, such as SMCHD1 mutations, sporadic cases remain difficult to predict and counsel [20]. Moreover, limited prenatal care access, as observed in our patient, stresses the need for better antenatal screening programs, particularly in resource-limited regions [21]. Further research is essential to clarify the pathogenesis and optimize diagnostic and therapeutic strategies for this complex condition.

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