Tooth eruption is the movement, growth and formation of dental tissue from its origin in the intra-alveolar bone to its final position in the oral cavity. During this movement, a variety of problems could occur. One of them is ectopic tooth eruption, which is the eruption of a tooth in an abnormal position; this mostly occurs intraorally. Another problem is intrabony impaction. This occurs when the tooth does not erupt and in some cases is surrounded by a cyst. The third molars are the most common teeth to be impacted; these are known as the wisdom teeth. These teeth erupt at the age of 17 to 21 years and if not, they pass unnoticed and are usually discovered on routine examination. Other common teeth to erupt out of position are supernumerary teeth.

Ectopic eruption of a third molar tooth within the dentate region of the jaw is frequently noticed in routine clinical practice. However, an ectopic eruption in a non-dentate region is rare, especially in the area of the maxillary sinus. Early surgical intervention for the removal of ectopic teeth along with enucleation of associated cyst, such as a dentigerous cyst, if present, is the preferred treatment.

We report a case of a patient who was referred due to chronic mucopurulent discharge and epistaxis, nasal obstruction and unilateral facial pain due to an ectopic third molar. This condition was caused by an ectopic tooth near the sinus ostium; however, the patient had no dental complaints.

**Ectopic eruption of teeth leading to severe infections in the maxillary sinus may present with symptoms, which might lead to a wrong diagnosis and treatment plan.**

The aim of this presentation is to report a case of an ectopic third molar presented with chronic mucopurulent discharge and epistaxis, nasal obstruction and unilateral facial pain.

**THE CASE**

A twenty-seven-year-old male patient presented to ENT clinic with a chief complaint of left-sided unilateral facial pain, two-months history of epistaxis and left unilateral nasal obstruction. There was no extra oral clinical finding, neither facial asymmetry nor any abnormalities, such as sinus drainage from the buccal alveolar bone or any missing teeth except for the upper-left third molar.

CT revealed that there was an accumulation of fluid in the right maxillary sinus and little fluid in the ethmoidal sinus and the presence of a foreign body on the roof of the sinus ostium. The foreign body was approximately 20.5mm away from the left palatal root of the sixth/seventh molar, see figures 1 and 2. The patient underwent endoscopic sinus drainage under general anesthesia. The foreign body was removed with the polyp and the pus was drained. Upon observation, the object had similar morphology to that of a maxillary molar, see figure 3. Histology revealed that the foreign body had tooth-like tissue (enamel, dentin, pulp tissue) in the proper order from inside out. The patient was recalled for a follow-up a week later and was symptom-free.