

Video laryngoscopy as a device for removal of foreign body in the laryngopharynx

CASE REPORT

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Abstract

Background: foreign bodies in the hypo pharynx unusually present needle stick nature, and not tend to perforate the mucosa. The most common in this region are described EC spines of fish, but a wide variety of objects have been found. In this case were rice husk (*oryza sativa*). The following case report describe the foreign body removing with devices usually used for intubation.

Case report: a female patient, 28 years old, admitted to the emergency HRC with complaints of pain and irritation in the throat (hearingbone). Was referred for endoscopy diagnosis of foreign body in the oesophagus and submitted to EDA under general anesthesia without visualizing abnormalities.

Conclusions: video laryngoscopy devices can be used to remove most foreign body in the hypo pharynx after several attempts by other techniques.

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Keywords

Foreign body, video laryngoscopy, hypo pharynx, local anaesthetics, clonidine.

Background

Foreign bodies in the hypo pharynx usually present needle stick nature, and tend to perforate the mucosa and can reach vital structures such as major vessels or nerves, besides the possibility of suffering granulation, fistula formation and infection [1,2]. The most common in this region are described EC spines of fish, but a wide variety of objects have been found in this region [3]. The withdrawal proceeds by endoscopic devices or direct laryngoscopy, which presents high success rate. Other newly created devices may also be used for this purpose, such as video laryn-

gосcopy. These allow a modification of the visual axis and images of good definition, facilitating the visualization of the larynx [4,5].

This manuscript were performed with the approved by the ethics committee of the Regional Hospital of Cariri and is compliance with Helsinki Declaration and all research were conducted in accordance with these principles.

Case presentation

A female patient, 28 years old, admitted to the emergency HRC with complaints of pain and irritation in the throat (herringbone). Was referred for endoscopy diagnosis of foreign body in the oesophagus and submitted to EDA under sedation without visualizing abnormalities. Necessitated by an emergency IOT respiratory depression (procedure lasted approximately 120 min). Referred to PACU and subjected to endoscopy the next day, again with no evidence of foreign body. As complaints persisted, conventional laryngoscopy was performed with suspected perforation of the hypo pharynx, with only view oedema. 60 h after the event and with persistent complaints of patient evaluation was requested anaesthesiology. After topical anaesthesia with lidocaine spray and bilateral blockade of the superior laryngeal nerve with 2% lidocaine without epinephrine, 2.5 ml of each side, video laryngoscopy was performed with the patient awake. Clonidine 100mcg was administered in 10 ml of SF0, 9% in order to achieve sedation and decreased salivary secretion. View of suggestive fishbone in the hypo pharynx, adjacent to the epiglottis (**Figure 1**). Grasping forceps used to remove the EC and the actual nature of the highlighted object "Oryza sativa" (rice husk), which pierced the mucosa of the pharynx and impacted in place, causing discomfort (**Figure 3**).

Conclusion

Video laryngoscopy devices are designed for difficult intubation [7]. Allow better visualization of the larynx by direct modify the visual axis and have high

Figure 1: Impacted foreign body. View by video laryngoscopy.

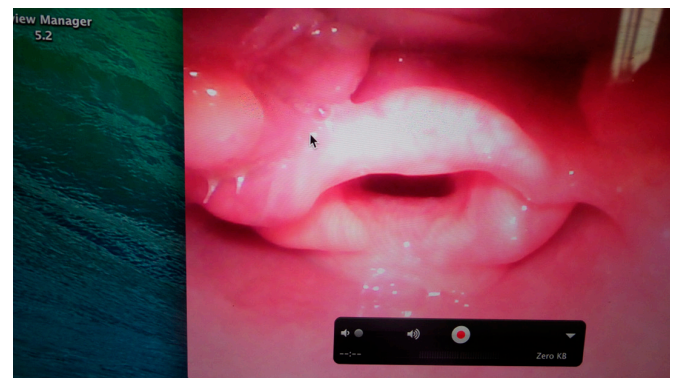


Figure 2: Hold the foreign body. View by video laryngoscopy.



Figure 3: Removing the EC. View by video laryngoscopy



Figure 4: Bark *Oryza sativa* in gauze.



success rates. Consist of a miniature camera placed at the end of the laryngoscope blade, connected to a monitor or computer [8,9]. The device used by us it is disposable VDL, yellow trac ®, which needs extra device to be used as a monitor [10,11]. This case describes the successful use of VDL in removal of foreign body in the hypo pharynx after several attempts by other techniques [12]. Also brings the particular type of uncommon foreign body in this situation [13]. We found no reports in the literature describing perforation and impaction of rice husk (*Oryza sativa*) in the hypo pharynx.

Consent

The patient signed Statement of Consent to report use for scientific purposes.

List of abbreviations used

- VDL = video laryngoscopy
- EC = foreign body
- HRC = Regional Hospital Cariri
- EDA = endoscopy

Competing interests

The authors declare no conflicts of interest. All research was conducted with proper investment.

Author contributions

All authors preparation of the manuscript and involvement in the case. HMTB Anesthesiologist involved in the case. All authors read and approved the final manuscript.

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