International Journal of Research in Medical Sciences
Gupta R et al. Int J Res Med Sci. 2015 Mar;3(3):800-801
www.msjonline.org
pISSN 2320-6071 | eISSN 2320-6012
DOI: 10.5455/2320-6012.ijrms20150355

Case Report

Unusual foreign body in oropharynx: a case report

Richa Gupta[1]*, Vishnu Agrawal[2], Shikha Gupta[3], Saurabh Gupta[4]

[1]Department of ENT, S.S. Medical College, Rewa, Madhya Pradesh, India
[2]Department of Surgery, Pacific Medical College, Udaipur, Rajasthan, India
[3]Department of Medicine, J.L.N. Medical College, Ajmer, Rajasthan, India
[4]Department of Medicine, G.R. Medical College, Gwalior, Madhya Pradesh, India

Received: 26 January 2015
Accepted: 8 February 2015

***Correspondence:**
Dr. Richa Gupta,
E-mail: dr_richa_tulip@yahoo.com

ABSTRACT

Foreign body in oropharynx is common occurrence. We report a case of a 7 month old male baby who presented with complaint of feeding difficulty and later diagnosed as case of foreign body oropharynx i.e. wheat stalk of 5 cm with overlying husk based on detailed history and meticulous examination.

Keywords: Foreign body, Oropharynx, Unusual, Wheat stalk

INTRODUCTION

Foreign bodies in aerodigestive tract are one of the real emergencies having considerable mortality and morbidity.[1] Foreign bodies in aerodigestive tract is common occurrence and needs to be handled carefully with prompt management by skilled and experienced hands to avoid disastrous consequences.

At times it becomes difficult to actually locate the size of foreign body and medical personnel have to completely rely on history narrated by caretakers or parents. But it is a common observation that history given by parents regarding foreign body ingestion or inhalation should be trusted upon and adequate investigations followed by thorough treatment should be done.

CASE REPORT

We report a case of 7 month old male baby who presented to department of ENT, S.S. medical college, Rewa (M.P.) with the symptoms of feeding difficulty after six hours of ingestion of foreign body i.e. wheat grain stalk. As per parents child was playing with wheat grains under their constant supervision in room. Meanwhile mother went to other room for some household work. On her return she found child stopped playing and started crying. She tried to breastfed child but baby was unable to swallow her milk. After repeated attempts of unsuccessful feeding she doubted of probability of foreign body (wheat-stalk ingestion) but was not sure about it. Parents rushed to local private doctor but foreign body remained undiagnosed and was referred to ENT department for further diagnosis and management. On eliciting detailed history foreign body suspection of parents was given prime importance and considered primary evidence. One episode of vomiting was narrated by parents with no breathing difficulty. The child was fully immunized as per his age and was delivered by normal vaginal route.

On careful examination of the child we observed child was quiet with normal respiration. No respiratory distress was seen. The child was afebrile with normal cry and oral cavity full of secretions. No swelling over neck or emphysema was observed. On auscultation air entry was

bilaterally equal with no signs of cyanosis or adventitious sound. Intraoral examination revealed pooling of saliva in oral cavity. The oral cavity was cleaned with adequate size suction cannula. Exact dimensions and extent of depth was not known which led to a state of uncertainty. Direct laryngoscope was then inserted in oral cavity and a pale yellowish object was seen in oropharynx. The foreign body was then hold with forceps and mobilized and then removed carefully with its help avoiding damage to surrounding structures. Oral cavity and oropharynx was inspected again and no complications were seen. Both were clear. The child was stable. To our surprise the foreign body removed i.e. wheat stalk was of 5 centimetre in length and 1 centimetre in circumference with everted ends throughout (Figure 1). The prompt management, keen observation and early intervention avoided any further complications. The child was then kept under observation under antibiotic and analgesic cover. Breast feeding was resumed later. The child was feeding well with no fresh complaints. Postoperative event was uneventful. The favourable outcome of procedure led us to discharge patient from hospital in a stable condition.

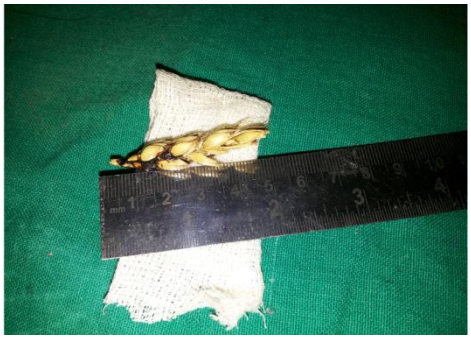

Figure 1: Retrieved foreign body (wheat-stalk).

DISCUSSION

Foreign body ingestion is a potentially serious problem that peaks in children aged six months to three years. Foreign bodies like coin etc. are commoner but the one seen in our case i.e. wheat grain husk was unusual.

In previous studies it is reported that serious life-threatening complications are mostly encountered in younger age groups, who sustain accidental penetrating oropharyngeal injuries from sharp objects in their mouth.[2,3] Oropharyngeal or proximal esophageal perforation can cause neck swelling, erythema, tenderness, or crepitus. A retrospective review found that 50 per cent of children with confirmed foreign body ingestions were asymptomatic.[4] In present case none of the clinical features like neck swelling, emphysema was observed except for feeding difficulty.

Radiographs of neck anteroposterior and lateral view soft view should be performed in cases of foreign body ingestion or inhalation wherever possible. Lateral neck radiographs or computed tomographic imaging should be considered to identify air in the retropharyngeal area.[5] In present case any imaging could not be performed keeping in mind the emergency of situation. Radiographs can confirm the location, size, approximate dimensions, and number of ingested foreign bodies. But objects like vegetative foreign bodies, plastic, button, beads are not commonly seen. In patients who have swallowed a sharp, radiolucent object, such as a fish bone, direct laryngoscopy should be performed; endoscopy should be performed if laryngoscopy is negative and symptoms persist.[6] In present case direct laryngoscopy was done and foreign body removal was performed with forceps.

Attention should be focused on investigating how to avoid these preventable episodes of foreign body ingestion or inhalation and educating caregivers to pay attention to child while playing and stop them from keeping objects in mouth. Also parents should be encouraged to immediately consider doctor after episode or suspection of foreign body ingestion or inhalation.

CONCLUSION

Each and every case of foreign body aerodigestive tract should be thoroughly investigated to formulate the further line of management. All foreign body cases should be diagnosed timely, to provide prompt management and avoid undue complications.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: Not required

REFERENCES

1. Sardana P, Baisas, Singh VP, Arora M. Unusual foreign bodies of aerodigestive tract. Indian J Otolaryngol Head Neck Surg. 2002;54:123-6.
2. Shimizu M. Injuries to the soft tissues of oral cavity and face in children. Asian Med J. 1979;23:531-4.
3. Shirali GN, Sarvant RA, Uppal PK, Bhargana KB. Tooth brush: an unusual foreign body in ENT practice. J Laryngol Otol. 1988;102:1068-9.
4. Arana A, Hauser B, Hachimi-Idrissi S, Vandenplas Y. Management of ingested foreign bodies in childhood and review of the literature. Eur J Pediatr. 2001;160:468-72.
5. Lim R, Peddle M. Penetrating pharyngeal injury in an infant. CMAJ. 2007;177(11):1351-2.
6. Cheng W, Tam PK. Foreign-body ingestion in children: experience with 1265 cases. J Pediatr Surg. 1999;34:1472-6.

DOI: 10.5455/2320-6012.ijrms20150355
Cite this article as: Gupta R, Agrawal V, Gupta S, Gupta S. Unusual foreign body in oropharynx: a case report. Int J Res Med Sci 2015;3:800-1.