CASE REPORT

Missed hypopharyngeal foreign body: A case report

Jeyasakthy Saniasiaya*, Irfan Mohamad

Department of Otorhinolaryngology-Head & Neck Surgery, School of Medical Sciences, Universiti Sains Malaysia Health Campus, 16150 Kota Bharu, Kelantan, Malaysia

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Abstract Foreign body ingestion has been a dilemma to many physicians including Otolaryngologist. Naturally, patient turns up at the out-patient department first prior to being referred to the otolaryngologist, which may lead to possibility of missed or neglected foreign body. We report a case of a missed foreign body which turned out to be his one-month dislodged denture. The unfortunate patient visited several different clinics within this one-month period, however he was dismissed as the lateral soft tissue neck radiograph done showed no abnormality.

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1. Introduction

Foreign body ingestion although is very common may be easily overlooked by many physicians. This may be due to neglecting patient’s history and overzealous dependence on imaging. Majority of foreign body may pass through gastrointestinal tract without any intervention as only 20% of the cases require endoscopic manipulation and only 1% may require surgical manipulation.1 Rapid and accurate diagnosis is indicated due to the possible devastating complications including airway obstruction, oesophageal perforation, mediastinitis and fistulisation.

2. Case report

A previously healthy 54-year-old Malay gentleman was referred for otolaryngologist opinion with a one-month history of odynophagia and persistent foreign body sensation in the throat. Besides this, patient has no hoarseness, shortness of breath or stridor. He was able to take orally despite the bothersome foreign body sensation. According to patient, one-month ago, a coconut accidentally fell on his face while he was plucking coconut and subsequently, he noted that his upper denture was missing. The metal part of denture however, was still stuck at his gum.

He claimed that he immediately went to the nearest government clinic as he was worried about the missing part of denture. Lateral soft tissue neck (STN) radiograph was immediately requested. As there was no visible foreign body, the patient was reassured by the attending physician prior to being discharged. He subsequently visited two other clinics and similarly, he was dismissed home based on the normal lateral STN radiograph. He was finally referred to our centre by the fourth physician he visited for further evaluation.

Upon review, the patient was comfortable. He complained of persistent foreign body sensation with odynophagia. However, there were no sign and symptoms of an active infection or interscapular pain or neck swelling. Clinically, he appeared comfortable with no audible noisy breathing. Oral cavity examination revealed no evidence of foreign body or pooling of saliva. The upper gum was slightly inflamed. Neck
examination revealed no abnormality and laryngeal crepitus was present. Systemic examination was within normal limits. Upon reviewing the lateral soft tissue neck radiograph which was done at the fourth clinic, there was no evidence of any opaque foreign body seen, no loss of lordosis and no widening of prevertebral soft tissue (Fig. 1). Chest radiograph was also unremarkable.

A 70 degree laryngoscopy revealed a foreign body which was a part of a denture which appeared to be fixed at the lateral pharyngeal wall abutting the arytenoids (Fig. 2). Bilateral vocal cords were symmetrical and mobile. Posterior cricoid region was blocked by the denture. No pooling of saliva was noted. The denture was removed as a whole using Tilley’s forcep in our clinic. The removed denture was soft, measuring 7 cm x 3 cm. Laryngoscopy was repeated post removal, which revealed minimal slough over the lateral pharyngeal wall and over bilateral arytenoids. He was discharged home with a one-week course of oral co-amoxicilin/clavulanic acid, gargle and oral analgesics. Upon follow-up, patient was asymptomatic and laryngoscopy revealed no abnormality.

3. Discussion

Based on a report on 101 cases of ingested foreign body over 10 years, patients are usually examined two to six days following ingestion as they usually came early for medical consultation. As in our case, patient immediately sought treatment as he was aware of the missing denture. However, lack of suspicion and the decision to diagnose solely based on imaging made the first few attending physicians to neglect the symptoms and positive history. Clear contributing history and detailed clinical examination are imperative in diagnosing foreign body ingestion. Negative radiograph findings cannot rule out foreign body and it is prudent for an endoscopic evaluation especially in cases with symptomatic and positive history.

Endoscopic removal of foreign body is the choice of treatment for objects located in upper oesophagus and cricopharynx, as for the foreign body which passes into stomach, close observation on symptoms is made as 80% of foreign body into the stomach passes spontaneously. As for symptomatic patients with a positive history, negative laryngoscopy and STN radiograph cannot rule out foreign body and direct laryngoscopy and oesophagoscopy should be advocated.

Radiographic evaluation is of 100% positive predictive value for metallic objects, 43% for objects made of glass, and 26% for fish bones which is completely radiolucent. However, the study done by Irfan et al., on opacity of bones among commonly consumed fish in Malaysia demonstrated that six of fifteen types of fish were opaque. Alternatively, radiolucent foreign bodies may be diagnosed with computed tomography scan, magnetic resonance imaging, ultrasounds and barium swallow. Foreign body impacted or embedded in the aerodigestive tract may lead to devastating complications including migration of foreign body which subsequently may cause perforation of oesophagus, deep neck abscess, penetration to major blood vessels and mediastinitis.

4. Conclusion

Plain radiograph should not be the sole modality in diagnosing foreign body as complete reliance on imaging may jeopardize patient’s life. This case report emphasizes the importance of awareness and high clinical suspicion of all attending physicians especially the OPD physicians in diagnosing this entity and to make immediate referral to the respective specialties in any case of suspicion.

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References