

Case Report

Durian seed an uncommon foreign body impaction: a case report

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ABSTRACT

Durian is known as the king of fruits. Its seed is an uncommon foreign body impaction on the larynx. A 23-year-old male alleged that durian seed stuck in the throat while eating. He was having difficulty breathing with bouts of coughing. He had a failed Heimlich manoeuvre and rushed to emergency department and subsequently the seed expelled after bouts of violent coughing. Flexible nasopharyngolaryngoscopy was done and showed the arytenoids was swollen, erythematous laryngeal surface of the epiglottis, inflamed inner surface of right anterior and left true chords, ventricles and the false chords. Close observation with intravenous dexamethasone and intravenous antibiotic is paramount in managing the patient. Durian seed impaction on the larynx is rare. This case report showed the function of the larynx as the protective or the watch dog for any foreign body. The endoscopic findings highly suggestive the lodgement of the foreign body on the laryngeal inlet and the appropriate treatment is important in managing such cases.

Keywords: Durian seed, Foreign body, Larynx, Endoscopy

INTRODUCTION

Common foreign bodies in adults usually either chicken or fish bone. Durian is known as the king of fruits.¹ Its seed is an uncommon foreign body impaction on the larynx. Most likely due to its size of seed. The endoscopic findings sometime will tell us the exact location of the impaction of the foreign body. Here, we present a case of durian seed impaction on the larynx and its management.

CASE REPORT

A 23-year-old male alleged that durian seed stuck in the throat while eating. He was having difficulty breathing with bouts of coughing. He had a failed Heimlich manoeuvre and was rushed to emergency department. Upon arrival he was distressed with continued coughing and subsequently the seed expelled after bouts of violent coughing. Following the self-expelled foreign body, his complaint of severe throat discomfort. Clinically upon

examination, he was lethargic looking, sweating profusely. However, he was not in respiratory distress and there was no hoarseness.



Figure 1: The endoscopic findings of the laryngeal inlet.

Flexible nasopharyngolaryngoscopy was performed, the nasopharynx was clear, the laryngeal surface of the epiglottis was inflamed as well as inner surface of both arytenoids. Both vocal cords, ventricle and false chords were also inflamed and erythematous. No other foreign body seen. He was admitted, started on intravenous drip but allowed clear fluids only. Intravenous antibiotic and intravenous dexamethasone was initiated. After few days of admission, he was discharged well.



Figure 2: The patient showed the durian seed impacted on his laryngeal inlet.

DISCUSSION

Durian is a thorn-covered husk with yellow fleshy ovoid seed is popularly consumed in South East Asia. Named in some region as the “king of fruits”.¹ Each durian may contain 10-20 seeds each weighing approximately 20 g.² Durian seed foreign body is an uncommon foreign body that may stuck in the throat. Previously reported in the 72 year old most likely due to premonitory cerebrovascular accident had made the patient to have high risk of aspiration.³ However, in this patient is a young patient. Any foreign body impacted within the airway will immediately cause the airway to be sensitive and thus the bouts of violent coughing occurs. Usually with Heimlich manoeuvre most foreign body can be remove because of the positive pressure applied however in this patient it was unsuccessful. It could be due to improper technique and untrained personnel. The protective function of larynx plays vital role in preventing foreign body penetration into the airway during the second phase of swallowing. It includes closure of laryngeal inlet by backward tilt of epiglottis, approximation of true vocal cords and cough reflex. In this patient due to the size of the foreign body, the protective function of larynx partially failed and the

foreign body seem to be located at the supralaryngeal inlet base on the endoscopic findings. This lead to the last protective mechanism of the larynx which is cough and subsequently able to expel the foreign body. Owing to the size of the seed too did not permit lower site dislodgement which can predispose to difficult retrieval and possible atelectasis of the lung. So base on this foreign body, it was true enough the laryngeal inlet was called the watchdog of the airway.

Admission to the ward for observation and intravenous dexamethasone is essential as the airway may compromised within the 24 hours period.⁴

CONCLUSION

Durian seed impaction on the larynx is rare. This case report showed the function of the larynx as the protective or the watch dog for any foreign body. The findings from the flexible endoscopy highly suggestive the lodgement of the foreign body on the supralaryngeal inlet and the appropriate treatment is important in managing such cases

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