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Case Report

Foreign bodies in unusual sites in ENT: two case report

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ABSTRACT

In otorhinolaryngology practice, foreign body impaction in the ear, nose, and throat areas and in the head and neck are emergencies. Here we present two unusual cases that we treated at our District Headquarter Hospital. First case involved a metallic foreign body a key ring in the oropharynx extending into the nasopharynx and laryngopharynx in a child, and the second case involved a foreign body wooden stick accidentally penetrating the postauricular region across the cheek to the zygomatic arch near lateral margin of periorbital area causing grade III facial nerve paresis in a female. We successfully removed both the foreign bodies. In first case after the removal of metallic foreign body from throat we kept patient for nasogastric feeding for 48 hours followed by normal liquid diet. In Second case after removal of foreign body the residual facial nerve paresis was resolved with tapering dosage of steroid.

Keywords: Hypocalcaemia, Parathyroid, Recurrent laryngeal nerve, Thyroidectomy

INTRODUCTION

Foreign bodies in the ear, nose, and throat and head and neck region are commonly seen in the practice by otorhinolaryngologists. If not properly managed, they may lead to certain morbidity and in some cases mortality and it depends on many factors, such as the chemical composition, shape and dimensions of the foreign bodies and the anatomical site involved.

Foreign bodies can be introduced spontaneously or accidently in both children and adult. Foreign bodies are more common in children and the associated factors are curiosity to explore orifices, absence of watchful caregivers, playing, intellectual disabilities, attention deficit hyperactivity disorder.[1-4]

CASE REPORTS

Case 1

A 10 months old male child visited our emergency department at 1 am with his parents with history of accidental ingestion of a metallic foreign body a key ring while playing. On examination the vitals were stable with 98% of oxygen saturation. The baby was crying with drooling of saliva from the mouth. On local examination a metallic foreign body was seen in oropharynx. On palpation the ring was pushing the soft palate and uvula Forword extending to nasopharynx and below to laryngopharynx. X-ray showed a metallic key ring extending from the nasopharynx till the pyriform fossa laterally. The patient was shifted to OT and with sedation the ring was shifted from the midline position to laterally and giving a small incision on soft palate the top of key ring was twisted so to grasp with an artery forceps to

remove the ring. The dimension of the metallic key ring was 6 cm in length and 0.7 cm in breadth. The post-operative episode was uneventful with baby taking liquid diet after 48 hours of the removal of nasogastric tube.

Figure 1: Metallic foreign body (arrow mark) in the oropharynx.

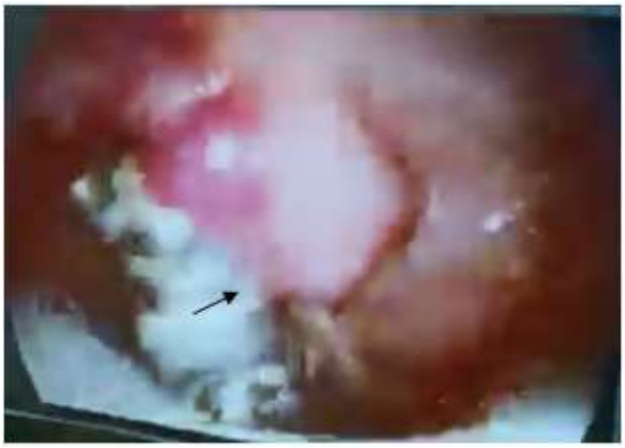

Figure 2: After the FB shifted laterally behind uvula.

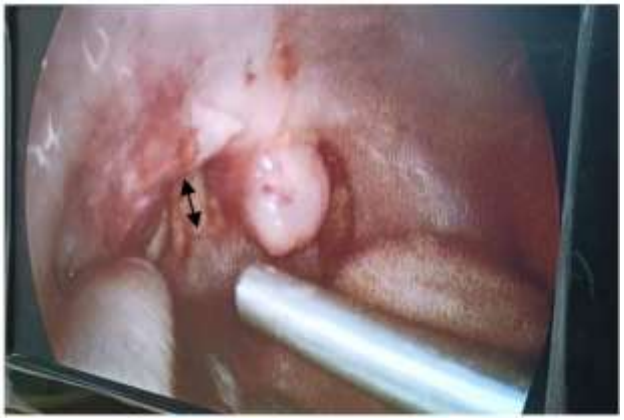

Figure 3: After giving a small incision (arrow) on soft palate FB removed.

Figure 4: The removed foreign body.

Case-2

A 50 years old female patient attended the emergency department at 3 am with the history of accidental wooden stick penetration in the postauricular region while collecting woods from jungle and extending to the cheek in the last 3 hours. On examination, the patient's vitals were stable. A wooden stick was penetrating postauraly on right ear and extending to the periorbital region laterally below the skin. There was grade 3 House Brackman Facial nerve paresis of right-side suspecting injury to the superficial lobe of parotid gland and branches of facial nerve.

The patient was immediately shifted to OT. Under local anesthesia, by giving the post-auricular incision, a part of the conceal cartilage was excised to make the stick mobile followed by a preauricular incision over the tragus to excise the part of the tragal cartilage over the wood. After these incisions the stick was completely mobile and was removed slowly postural and the wound was closed in layers. The dimension of stick was 15 cm in length & 0.7 cm in breadth. The aesthesia of patient was maintained with the facial nerve paresis completely resolved after 15 days of tapered steroid treatment with tablet Prednisolone.

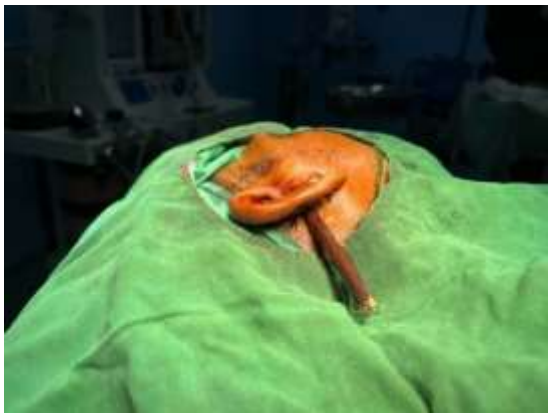

Figure 5: Foreign body (wooden stick) penetration right side.

Figure 6: The stick extending below the skin till orbital rim.

Figure 7: Post aural incision with excision of conceal cartilage.

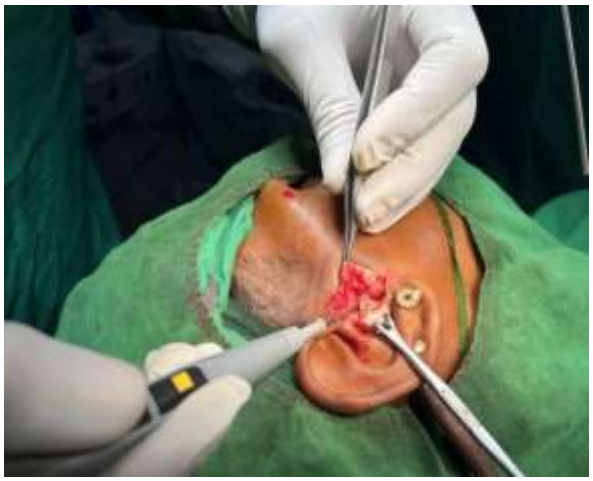

Figure 8: Preauricular incision excising tragal cartilage.

Figure 9: Removed foreign body (Wooden stick).

DISCUSSION

ENT specialists deal with the most of the natural orifices that are exposed such as ear nose and mouth. The foreign body may slip from mouth to involve oropharynx and laryngopharynx leading to life threatening condition. Patients with obstructing or partially obstructing foreign bodies in throat may present with choking sensation, dysphagia, or odynophagia.[4-6] The common foreign bodies in throat are metals, plastics, coins, dental implants, fish bones.[1,2,4] All pharyngeal foreign bodies are medical emergencies requiring airway protection. The decision of any surgical intervention depends on history, physical examination and associated radiographic findings.[3,4] In our case the patient was stable with dysphagia and the radiograph showed a metallic foreign body which was managed in emergency OT successfully without any postoperative complication.

Trauma to the parotid gland is rare and mostly caused by a penetrating injury. It may be associated with injury to the surrounding structures such as the ear and facial bones.[9] It may be associated with facial nerve paresis. Superficial lobe of the parotid gland usually affected than the more protected deep lobe.[9,10] Parotid gland injury can be complicated by a variety of different outcomes depending on the severity and mode of injury. Lewis and Knottenbelt reported complications including salivary fistulas and sialoceles.[7,8] Although our patient developed no complication like ductal injury or fistula.

CONCLUSION

Foreign bodies in the ears, nose or throat and head and neck areas are common occurrence in otorhinolaryngology emergency services. Children are the most affected age group. The most common site of FB lodgment is in the throat. Ear, nose, and throat FBs need to be properly managed to avoid complications. Any foreign body with suspected nerve paresis because of parotid gland

involvement should be dealt with prompt to avoid post operative residual paresis.

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