

Unusual Oropharyngeal Foreign Body

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ABSTRACT

We present an unusual case of foreign body (sewing needle) in a young man, who swallowed it with bolus of food. It penetrated through soft palate into parapharyngeal space, detected with image intensifier and removed successfully. Post-operative course remained uneventful.

Key words: *Oropharyngeal foreign body. Image intensifier. Aerodigestive tract.*

INTRODUCTION

Foreign bodies in aerodigestive tract are common ENT emergencies. These need immediate and skillfull attention. Some foreign bodies are unusual and troublesome for both patients as well as doctors. Fine and sharp needles when stuck into soft tissues of oral cavity, lead to considerable swelling. Major difficulties then arise to identify the site and approach for exploration. This case describes one such experience.

CASE REPORT

A 35-year-old male patient came in outpatient department with complaints of ingestion of sewing needle with bolus of food, which stuck into throat 6 days back. He had severe pain in throat and marked dysphagia for both solids and liquids. The swallowing was so painful that there was drooling of saliva. On examination, there was a small bruise on the left side of soft palate above the anterior pillar of the tonsil. Patient had exaggerated gag reflex. The patient was admitted to another hospital for this problem. His X-rays soft tissue neck, lateral view showed a needle visible in parapharyngeal space (Figure 1). Examination Under Anaesthesia (EUA) and panendoscopy were attempted at other facility but no foreign body was detected. Patient was kept on intravenous fluids, antibiotics and analgesia. With no improvement in clinical picture, CT scan was done in which foreign body was found in parapharyngeal space. Patient was discharged on request from that hospital and admitted to our department. He was investigated thoroughly and planned to undergo EUA. After orotracheal intubation, mouth was opened with Boyle's Davis mouth gauge and deep palpation of oropharynx done. It did not reveal any

foreign body. We then used image intensifier and foreign body was detected in parapharyngeal space. Another metallic needle was then put across till its tip reached foreign body. Oropharynx was explored intraorally with diathermy. There was a gush of pus from parapharyngeal space. Area was cleaned with saline and needle removed with artery forceps (Figure 2). The wound was left opened for drainage and postoperative antibiotics continued. His recovery was uneventful and he was discharged on 2nd postoperative day. At one week follow-up, there were no complaints.

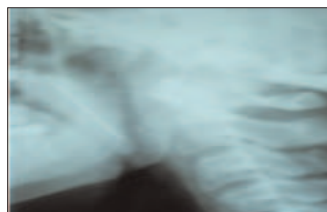


Figure 1: X-ray soft tissue neck showing sewing needle.



Figure 2: Foreign body (needle with thread), after removal.

DISCUSSION

Foreign bodies in aerodigestive tract are one of the real emergencies having considerable mortality and morbidity.¹ High degree of suspicion and skill are required for their management.²⁻⁵ Metallic long and sharp foreign bodies can impact into oropharynx through oral route and can cause troublesome complications. Major difficulty is to identify the site and approach for exploration. The present case is unique, with unusual entry of sewing needle into parapharyngeal space through soft palate. In the literature, 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.⁶⁻⁸ In this case, parapharyngeal abscess was formed due to foreign body. Other complications, which can occur include deep neck abscess, pneumoencephalocele, internal carotid thrombosis, retropharyngeal abscess, mediastinitis and mediastinal emphysema.⁹ There is also risk of injury to neurovascular bundle.

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We recommend intraoral approach for foreign bodies entering through mouth. In present case, CT scan helped in identifying foreign body, but image intensifier was extremely useful in localization and removal of metallic sharp objects in deep tissues. We, therefore, recommend use of image intensifier in such situations.

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