



Manipulated foreign body Nasopharynx- A case report

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Abstract:

Upper aerodigestive tract may harbour foreign bodies due to accidental insertion, inhalation or ingestion. These objects may go undetected for days or even weeks. A foreign body lodged in the nasopharynx however is a rare entity. We report an unusual asymptomatic case of a nasopharyngeal foreign body in a 4 year old boy.

Introduction

A foreign body (FB) is any object in a region it is not meant to be, where it can cause harm by its mere presence if immediate medical attention is not sought. It can be found lodged in the ear, nose, throat, digestive or respiratory tracts, FB may be classified as animate (living) or inanimate (nonliving). The inanimate FBs can further be classified as organic or inorganic and hygroscopic (hydrophilic) or nonhygroscopic (hydrophobic). The presence of FBs in the ENT region is one of the most common causes of otolaryngologic emergencies. FBs can be introduced spontaneously or accidentally in both adults and children. FBs are generally more common in younger children. This may be due to various factors such as curiosity to explore orifices, imitation, boredom, playing, mental retardation, insanity, and attention deficit hyperactivity disorder, along with availability of objects and absence of watchful caregivers.

Foreign bodies in aerodigestive tract are a common entity. In nasopharynx however it is very rare to find an impacted foreign body (FB). The anatomical structure of nasopharynx prevents any lodgement of foreign body. It is capacious and has a nasopharyngeal sphincter which prevents regurgitation of FB from oropharynx. Through nasal cavity FB cannot travel to nasopharynx as the former is narrower. Most of the FB gets impacted as a result of forceful emesis, coughing, penetrating trauma or manoeuvre for removal of FB from oropharynx.



Case Report

A 4-year-old male child was brought to the emergency department at Sharda hospital with history of ingestion of a one rupee coin an hour previously. The informant being the mother of the child reported that she had made efforts to remove the ingested coin, manipulating it towards the nasopharynx. The child did not have any history of breathing difficulties or vomiting. There was no significant history of excessive crying, cough reflex, nasal obstruction, nasal discharge, epistaxis, hematemesis, hemoptysis, or loss of consciousness.

On anterior rhinoscopy the septum and lateral wall was found to be normal. Beyond some serous discharge in both nasal cavities, there were no other abnormalities. The nasal cavity was suctioned using disposable plastic non-traumatic 8 FG catheters to clear the discharge. Direct nasal endoscopy showed floor of bilateral nasal cavities to be clear with hypertrophy of bilateral inferior turbinates. The nasopharynx was visualized. Adenoids were found to be enlarged almost completely obscuring the posterior choanae. No further manipulation was possible in the unsedated child. Furthermore, to establish the location of the foreign body an immediate X-ray skull with neck lateral view was taken and a radiopaque foreign body (coin) was visualised in nasopharynx.

Publication of speakers:

1. Sama Rizvi, Sarkar S, Roychoudhury A, Roychaudhuri BK. Foreign bodies in ENT in a teaching hospital in Eastern India. Indian J Otolaryngol Head Neck Surg 2010; 62(2):118-120.

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