

Long Standing Neglected Foreign Body in Nasopharynx

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Abstract : Foreign bodies are commonly seen in upper aerodigestive tract but foreign bodies in nasopharynx is a extremely rare condition. However here we present a rare case of 1 1/2 year old child who presented with a metallic foreign body (metal bangle) in the nasopharynx of 8 months duration, with a brief review of literature regarding its diagnosis and management.

INTRODUCTION

Children are notoriously prone to explore anything and for that matter everything within their reach and put them playfully into their natural orifices. The foreign bodies in the nasopharynx assume significance due to the rarity in occurrence and clinical inaccessibility of this region. They may remain there undiagnosed for a very long period of time until symptoms appear. A case is on record now where a metallic bangle was lodged in nasopharynx of child for 8 months prior to its detection and subsequent removal.

CASE REPORT

A one and half year old female child was brought to our Otorhinolaryngology department with history of bad breath for eight months duration. For the above complaint, child was taken to various local physicians for which child was given antibiotics providing only temporary relief of symptoms. On examination, child was alert, active, afebrile. Systemic examination was normal. Anterior Rhinoscopy showed normal study. Posterior Rhinoscopy and Diagnostic nasal endoscopy could not be possible as the child was uncooperative. Oral cavity and oropharynx also showed no clue to diagnosis. X Ray Nasopharynx was taken which showed a radio opaque foreign body in nasopharynx which was confirmed by CT scan.



Fig 1: Radiograph showing radio opaque Foreign body in nasopharynx.



Fig 2 : CT scan showing radio opaque Foreign body in nasopharynx.

Under general anaesthesia with cuffed endotracheal intubation, 0° degree paediatric rigid endoscope was passed into the left nasal cavity and the scope was advanced upto nasopharynx and the impacted metallic foreign body was visualized in the roof of the nasopharynx. Red rubber catheter was introduced into the nasal cavity for better visualization and the foreign body was disimpacted and removed via the oral route. Post operative period was uneventful. Child was discharged from the hospital two days later.



Fig 3: Foreign body after removal.

DISCUSSION

This case has been reported due to its rarity, difficulty in diagnosis and removal. Foreign bodies are rarely seen in nasopharynx, though they are commonly seen in air and food passages in children⁴. This could be because of anatomical location of nasopharynx and the nasopharyngeal isthmus which prevent upward movement of foreign

body after ingestion. However, forceful emesis, digital palpation, or a penetrating trauma may cause foreign body to get lodged in nasopharynx^{5,7,8}.

A variety of nasopharyngeal foreign bodies have been reported in literature ranging from metallic ring to nut, button, needle, coin, wood piece, etc^{2,5,7,8}. Youngest age reported with foreign body nasopharynx was in a 8 months old male child⁵. Longest duration of foreign body nasopharynx reported was of 20 duration years in a 35 year old male¹. These patients are usually symptom free at the time of ingestion thus making the diagnosis very difficult. Later on, they present with vague complaints like halitosis, nasal discharge, epistaxis or signs and symptoms of adenoid mass and sinusitis^{1,4,8}. In our case, the child presented with only halitosis and the diagnosis was only made by radiological examination.

Cases have been reported where foreign bodies have remained undetected for quite a long period. Such presentation is particularly dangerous as these foreign bodies may migrate down and cause acute respiratory obstruction. Thus, every attempt must be made to rule out foreign body impaction in the nasopharynx in cases of foreign body aspiration or ingestion especially in cases of untraceable foreign bodies⁸.

Nasopharyngeal foreign body should be removed under general anaesthesia with the airway secured by a cuffed endotracheal tube^{5,8}. The basic principle in the removal of a foreign body is its adequate visualization³. For nasopharyngeal foreign bodies, nasal endoscopy provides the only method of proper visualization. Direct exposure of the nasopharynx by retraction of the soft palate with catheters could be helpful in large sized blunt foreign bodies^{3,5}.

CONCLUSION

Foreign bodies in the nasopharynx are rare and usually seen in children, and may be asymptomatic. If suspected, endoscopic and radiological investigation should be done, as these foreign bodies may be swallowed or aspirated, complications which are associated with high morbidity rates. Thus this case assumes significance, because after a thorough review of literature it was the first case to be reported in an child with youngest age group with longest duration of foreign body nasopharynx.

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