

Unusual Foreign Body in Nose and Nasopharynx - A Rare Case

RAVI KUMAR RAJU MUDUNURI¹, DURGA PRASAD GANNAVARAPU²,
ACHUTA NARASIMHA MURTY MUKKAMALA³, JAMEEL K M⁴

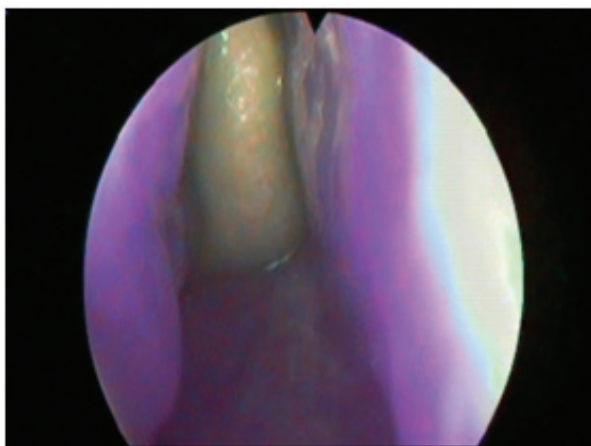
ABSTRACT

Lodgment of foreign body in the nose/nasopharynx in a sane adult person is unusual. Here, we present the case of a patient who came with an unusual foreign body (fish) lodged in the nose & nasopharynx. It was removed successfully in the outpatient department transorally with aid of nasal endoscopy.

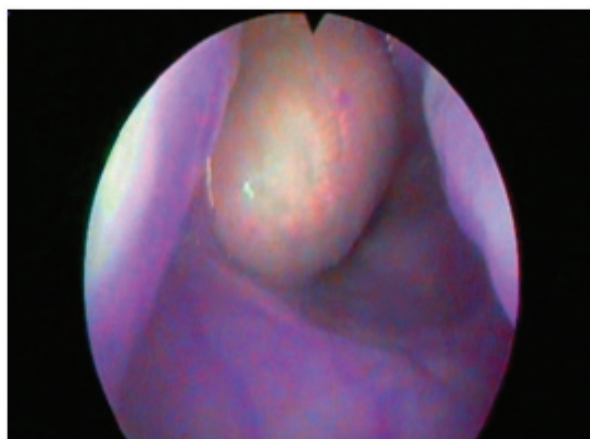
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CASE REPORT

A 50-year-old male presented to the outpatient department, around 10 a.m., complaining of accidental entry of a live fish into his throat, while fishing early morning around 6 a.m. on the same day. He was having pain and discomfort in nose and throat. The patient attempted to remove the fish but did not succeed. On examination of oropharynx and endoscopic examination of nose and nasopharynx, a foreign body was found in both choanae extending into right middle meatus region mimicking antrochoanal polyp [Table/Fig-1,2]. On careful examination owing to the history, scales were found on the surface of the foreign body [Table/Fig-3] confirming that it was indeed a fish with body at both choanae and with its head impacted in right middle meatus of the nose.



[Table/Fig-1]: Endoscopic view of the fish in right nasal cavity



[Table/Fig-2]: Endoscopic view of the fish in left nasal cavity



[Table/Fig-3]: Scales of the fish

With nasal endoscope and nasal forceps, first head was released from right middle meatus and the whole foreign body (fish) was removed transorally with the help of a tongue depressor and tonsil holding forceps, in one piece. Tail fin was missing in the fish that was retrieved, which might be due to the maneuvering of the patient for removal. The retrieved specimen measured 12cm [Table/Fig-4]. Post removal, endoscopic examination of nose, nasopharynx, oropharynx and laryngopharynx was done to rule out any mucosal injuries and residue of fish. Apart from minor abrasion in right middle meatus, at the site of fish head attachment, remaining areas were normal. Patient was advised antibiotics, nasal decongestants and followed for one week. He had an uneventful recovery.



[Table/Fig-4]: Fish after removal

DISCUSSION

A wide variety of upper aerodigestive tract foreign bodies are encountered in ENT practice. They are common in children, and the incidence is higher in boys compared to girls. Most common foreign bodies in children are coins, marbles, buttons and batteries [1,2]. Whereas in adults common foreign bodies are bones, dentures, and metallic wire [3]. Nose and/or nasopharyngeal foreign bodies are either inanimate objects or less commonly animate. Whole fish is a rare foreign body in the adults and has been reported with varied presentation and complications [4,5]. Accidental ingestion and pharyngeal lodging of a whole fish can occasionally occur while catching fish [4,6].

Foreign bodies in the upper aerodigestive tract can be classified as exogenous and endogenous depending on the origin. It can also be classified depending on the amount of damage caused by them as traumatic and atraumatic [7]. It is unusual for a foreign body to be ingested orally and for it to reach the nasopharynx. Causes described by various authors include attempts for removal with hand [8], regurgitation due to vomiting or coughing [9] or if the foreign body enters the mouth in supine position with neck extended making the nasopharynx-dependent [10]. Size of foreign body also can influence the course of it [11]. Animate foreign bodies like maggots, leeches can reach the nasopharynx through the nose. Round worms have been reported to get lodged in the nasopharynx during vomiting [12,13].

It is difficult to diagnose a nasopharyngeal foreign body, more so in children. Technique of foreign body removal has improved enormously. They can be removed with the help of speculum and forceps. Endoscopic removal or removal through oral cavity can also be done. Complications may arise due to the foreign body or with the procedure. It can cause bleeding, pulmonary complications, retropharyngeal abscess and localized infection. Complication rates of 12.6% in adults and 4.6% in children has been reported by Singh B et al., and in their study, pulmonary complications was most common in children and retropharyngeal abscess in adults, which was mostly due to sharp objects [14].

Of the aerodigestive tract foreign bodies, coins, metal rings [15] etc are common. Fish is rare, if not impossible. The presenting complaints can be throat pain, discomfort, dysphagia, respiratory distress and bleeding [3]. Accidental ingestion can occur while holding the bait fish between their teeth while hunting [1,3]. Detailed examination after taking history is mandatory. Resuscitation with quick airway

management is needed. Tracheostomy may be required in patients with stridor. Nasal endoscopic removal of foreign body is safe and effective in most cases [1]. Examination of the oral cavity and pharynx which may include endoscopy is recommended to rule out any foreign body residua and complications like bleeding and injury [3]. A whole fish in throat or nasopharynx is rare. If suspected, it has to be considered as an emergency and managed at the earliest.

CONCLUSION

Nasopharyngeal foreign bodies though rare in normal adults, still is possible to find one. It is recommended to keep an open mind regarding this, to make an early diagnosis and prevent complications by swift management.

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PARTICULARS OF CONTRIBUTORS:

1. Professor, Department of Ear, Nose and Throat, Konaseema Institute of Medical Sciences & Research Foundation, Amalapuram, Andhra Pradesh, India.
2. Resident, Department of Ear, Nose and Throat, Konaseema Institute of Medical Sciences & Research Foundation, Amalapuram, Andhra Pradesh, India.
3. Professor and HOD, Department of Ear, Nose and Throat, Konaseema Institute of Medical Sciences & Research Foundation, Amalapuram, Andhra Pradesh, India.
4. Resident, Department of Ear, Nose and Throat, Konaseema Institute of Medical Sciences & Research Foundation, Amalapuram, Andhra Pradesh, India.

NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Ravi Kumar Raju M,
Associate Professor, Department of Ear, Nose and Throat, Konaseema Institute of Medical Sciences & Research Foundation, AMALAPURAM – 533201, Andhra Pradesh, India.
E-mail : rajumrk@yahoo.com

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