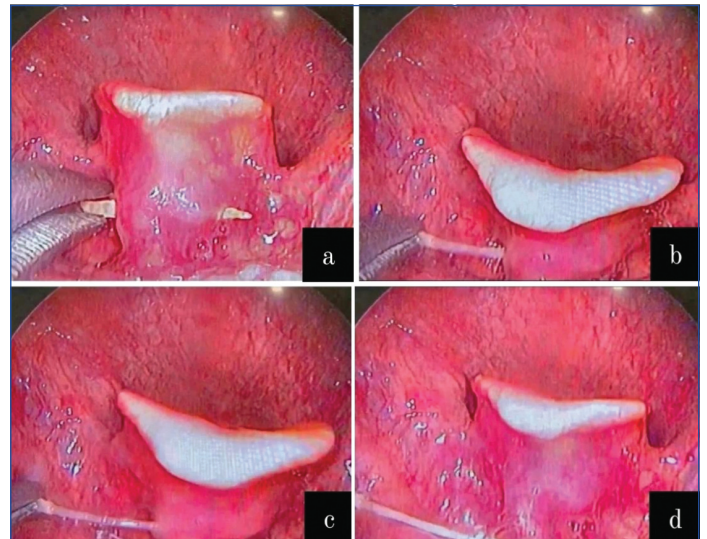


Images of Common Foreign Body at an Uncommon Site

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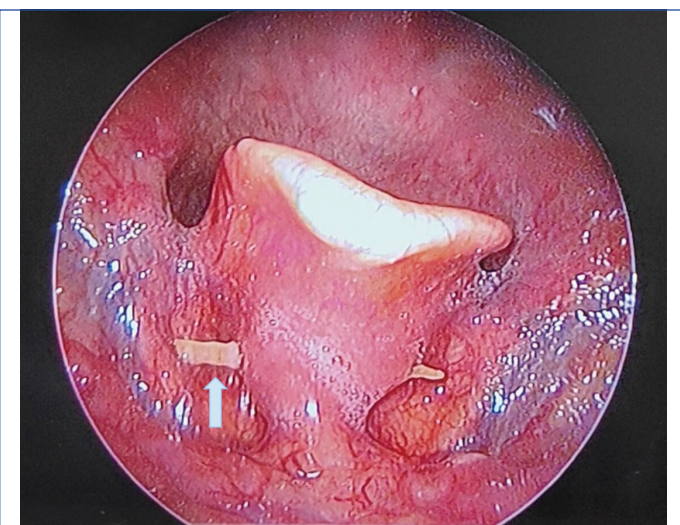
A 73-year-old male resident of Wardha presented to the Ear, Nose and Throat (ENT) Outpatient Department (OPD) with complaints of a foreign body sensation in his throat for the past eight days. He described ingesting a fish bone a week earlier and experiencing mild throat soreness. Subsequently, it developed into a persistent foreign body sensation in the throat and difficulty in deglutition, which did not subside with the intake of antacids and other throat lubricants. There was no history of fever following this incident. The posterior pharyngeal wall was found to be clear during the throat examination. Indirect laryngoscopy revealed that all hypopharyngeal structures were normal. However, during video [Video-1] direct laryngoscopy, a fish bone was discovered embedded in the lingual surface of the epiglottis [Table/Fig-1]. Upon receiving written consent, the embedded fish bone was removed with the help of long artery forceps under the guidance of video direct laryngoscopy [Table/Fig-2]. There was no evidence of bleeding, oedema, or congestion after the procedure. The foreign body measured approximately 1.5 cm and was causing the patient immense discomfort [Table/Fig-3]. The patient was prescribed a five-day course of antibiotics after the procedure, which included Tablet Amoxyclav 625 mg BD (Amoxicillin plus Clavulanic acid), Tablet Zerodol SP BD (Aceclofenac / Paracetamol / Serratiopeptidase), Tablet Pantop 40 mg OD (Pantoprazole), Tablet Levocet 10 mg HS (Levocetirizine), Syrup Mucaine gel 2 tsp BD (Aluminium hydroxide, magnesium hydroxide, and oxetacaine), and Betadine gargle TDS. He was advised to follow-up after five days to check for any delayed onset of postprocedure complications.



[Table/Fig-2]: a) Fish bone is held with a long artery forceps; b) Fish bone is pulled towards one side by a long artery forceps; c) Fish bone is subsequently pulled; d) Fish bone is removed from the lingual surface of epiglottis.



[Table/Fig-3]: Post-removal of impacted fish bone measuring approx. 1.5 cm.



[Table/Fig-1]: Embedded fish bone over the lingual surface of epiglottis.

Foreign body impaction in the throat, particularly with fish bones, presents a common challenge in ENT clinics and emergency departments, especially in regions where fish consumption is prevalent. The case described highlights a typical scenario of a patient presenting with a foreign body sensation after ingesting a fish bone [1]. An impacted fish bone in the lingual surface of the

epiglottis is indeed an uncommon and potentially serious situation. The epiglottis is a flap of tissue at the base of the tongue that prevents food and liquids from entering the airway during swallowing [2]. When a fish bone becomes lodged in the lingual surface of the epiglottis, it can cause significant discomfort, difficulty swallowing, and potentially compromise the airway if it obstructs breathing or triggers inflammation [2].

Symptoms of foreign body impaction in the throat typically include odynophagia (painful swallowing) and sharp pain upon swallowing. However, it's essential to conduct a thorough evaluation, as symptoms may vary depending on the location and nature of the foreign body [3].

The diagnosis and management of such cases require careful history-taking, clinical examination, and the appropriate use of diagnostic tools such as laryngoscopy [4]. In this case, the patient's symptoms persisted despite conservative measures, prompting further evaluation with video direct laryngoscopy, which revealed the embedded fish bone in the lingual surface of the epiglottis.

Alreefi M et al., reported a case of a migrating fish bone that got lodged in the right thyroid gland, causing a neck abscess. Incision

and drainage of the abscess, along with the removal of the foreign body, and possibly a right hemithyroidectomy or total thyroidectomy, had to be performed [5].

Amirian A et al., presented a case of internal jugular vein injury after an episode of fish bone ingestion by a 65-year-old female, which required meticulous removal of the foreign body. This foreign body had caused a laceration in the medial aspect of the internal jugular vein, necessitating ligation distal to the site of injury [6].

Overall, prompt recognition and appropriate management of foreign body impaction in the throat are crucial to prevent potential complications such as perforation, infection, abscess formation, or airway compromise. A thorough clinical examination, often supplemented by endoscopic visualisation, is crucial in identifying the exact location of the impaction. Close follow-up after the removal of the foreign body is essential to monitor for any delayed onset of postprocedural complications. Raising awareness among clinicians

regarding the presentation and management of such cases can improve patient outcomes and avoid unnecessary procedures.

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