



## Endoscopic Management of Foreign Body Nose Removal with Self Fabricated Blunt Hooks

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### Abstract

Nasal foreign bodies are common paediatric emergency in otorhinolaryngology. Sometimes these may get dislodged in the airways which may prove catastrophic.

**Aim:** To analysed the age, sex, side of nose, nature of foreign bodies and complications in paediatric population in India.

**Material and Methods:** 1156 cases of nasal foreign bodies removed endoscopically in age group of 1-14 years in the years 2001 to 2014 were evaluated according to the parameter related above. Two self-fabricated simple and atraumatic nasal foreign body hooks were used for removal of foreign bodies.

**Results:** We observed higher incidence of foreign bodies in 1-4 years age group, inorganic foreign bodies (601) being more common than organic foreign bodies (555). Minor complications like momentary nasal bleeding due to laceration of nasal mucosa were observed in very few cases.

**Conclusion:** Nasal endoscopy is best technique for removal of foreign bodies which is very quick, safe, and less traumatic and site is well visualized. Foreign body hooks used by us are economical and atraumatic. Any Otorhinolaryngologist can make these hooks in his/ her clinic.

**Keywords:** Nasal foreign bodies, Nasopharynx, Oropharynx, Laryngopharynx.

### Introduction

Foreign body nose is common rhinological emergency encountered in our daily practice. Though these are frequent in paediatric population, however, can

occasionally be seen in adults especially in mentally challenged. The first year of child's life represent a phase of exploration and interaction with environment, when they start moving by their own means (crawling and walking), the child starts having access to number of objects which they duly explore. The vast majority of foreign bodies are placed in the nose voluntarily for endless variety of reasons, more so due to easy availability of objects and absence of watchful caretaker. Any foreign body stuck in the nose has the potential to dislodge and travel into nasopharynx, oropharynx, and laryngopharynx and occasionally in tracheobronchial tree.

Foreign bodies will be classified as organic and inorganic. Organic foreign bodies include food, rubber, wood, sponge and metallic batteries, which causes more irritation to nasal membrane and turn out earlier symptoms. Inorganic foreign bodies include plastic or metals e.g. beads, button, stones, paper and small parts of toys. These remain often asymptomatic and may be discovered incidentally. We share our experience of 1156 foreign bodies removal from nose.

### Materials and Methods

The present retrospective hospital based study included 1156 pediatric patients of either sex in age group of 1-14 years with foreign bodies in nose during 2001 to 2014. Common presentation included history of foreign body insertion into nose observed by parents, nasal obstruction, epistaxis, pain and foul smelling nasal discharge usually unilateral. ENT examination was carried out in each patient. Anterior rhinoscopy revealed most of the foreign bodies. However, in some suspected cases X-ray PNS OM view and X-ray nasopharynx lateral view were

obtained. Preoperative routine investigation like Hb, BT, CT and complete urine examination was done in cases where general anesthesia was required. In all patients written informed consent was obtained for nasal endoscopy.

In majority of patients' foreign bodies were removed beneath anaesthesia. Premedication within the kind syrup antiemetic drug 5-10 ml was given reckoning on weight of patient and four-dimensional lignocaine with xylometazoline zero.05%, domestically instilled into each nostril for regarding 10-15 minutes before procedure. Patients were created to change posture in supine position with head finish elevated 10° to 15° to scale back the blood pressure. Head, arms and legs were secured with straps by the assistant for higher stabilization. Hopkins's rigid medicine medical instrument (2.7 metric linear unit zero degree) was introduced and foreign bodies were unreal and removed with hook that was skipped over the foreign body and down up to floor and therefore the foreign body was removed.

#### *Instruments (foreign body hook)*

1. The foreign body hook (Dr. Ranga's F.B. Hook) was fancied from a second hand nasal perichondrium elevator. The tip was stuffed to form it additional blunt and non-traumatic, and was bent 60°.

2. Dr. Yadav's foreign body hook was fancied from Eustachian tube. Initial the blunt tube was straightened then the tip (5-6 mm) was bent 90° to build it sort of a hook (Figure 2). Each these instruments area unit non-traumatic because the ends were blunt and extremely straightforward to insert in babe and child's bodily cavity that is incredibly tiny. Additional suction tube will be connected to facilitate removal.

The flat foreign bodies like paper were removed by baynet extractor beneath examination vision. When removal of foreign body re-examination of each nostrils was dole out to exclude any a part of foreign body or the other foreign body. Postoperatively syrup co-amoxiclav 5ml BID, syrup NSAID 5ml TID and traditional saline native instillation three drops TID was given. All patients were discharged on same day. On follow up when 7-10 days no criticism was rumoured by patients. Those youngsters WHO weren't cooperative or there was failure of foreign body removal thanks to impaction or had previous unsuccessful tries were removed beneath anaesthesia. Information relating to age, sex, and facet of nose, length and kinds of foreign body were analysed.