



UNEXPECTED NASOPHARYNGEAL FOREIGN BODY

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ABSTRACT

Nasopharynx is a rare area to find a foreign body because of its location and structure. We are reporting a case of impacted foreign body in nasopharynx in a 13 months old child.

INTRODUCTION

Foreign bodies in aerodigestive tract are common entity but in nasopharynx it's very rare to find an impacted foreign body (FB). The anatomical structure of nasopharynx prevents any lodgement of foreign body. It is capacious and having nasopharyngeal sphincter preventing 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 13 months old male child came to our OPD with complaints of mild difficulty in breathing, excessive salivation and nausea for one day. He was having history of playing with a tooth brush and he fell down on his face while the brush was inside the oral cavity. The bristle part of the brush remained inside and got lost while the remaining part came out. After few hours he developed the above symptoms and they decided to take medical help. The local medical practitioner advised for X-ray neck, chest and abdomen. The FB was not visualised in the radiograph and he was unable to localise it. After that he was referred to a medical college where he was examined and suspected to have FB in bronchus or trachea and referred to us for removal by bronchoscopy [1].

On examination the child was irritable. The vitals were maintained. Mild respiratory distress was present but with bilateral normal air entry and no stridor. Ear, nose and throat were normal on examination. Nasal endoscopy or nasopharyngoscopy could not be done as the child was very small and irritable. We advised for CT Neck with reconstruction suspecting a radiolucent FB in aerodigestive tract. To our surprise the FB (broken tooth brush) was found to be impacted in the nasopharynx (Figure: 1, 2)

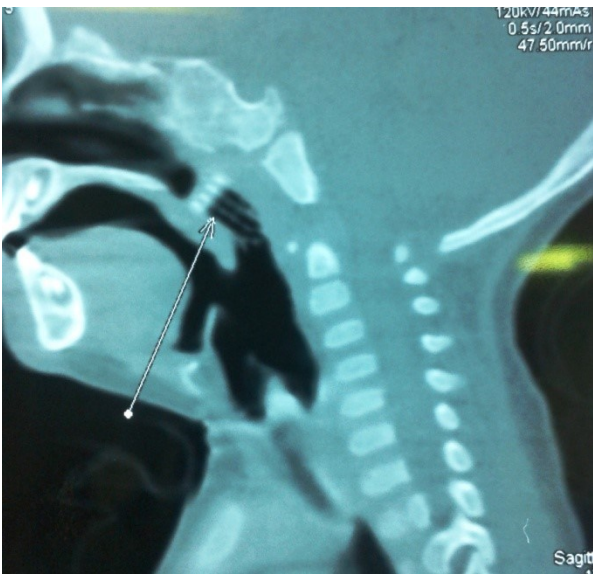


Fig 1

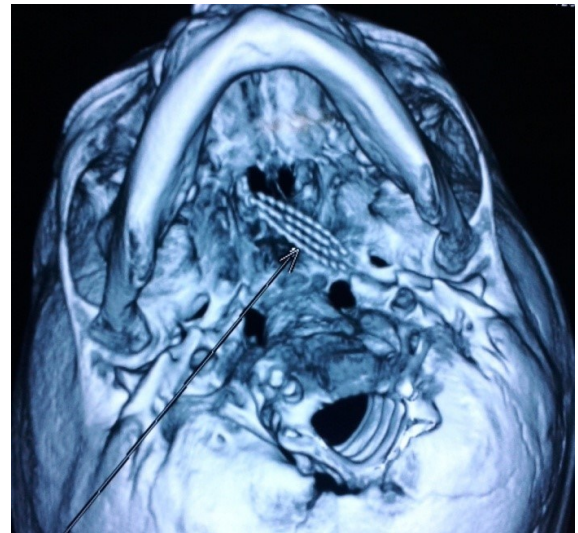


Fig 2

Patient was taken for removal of FB under GA. He was placed in Rose's position and Boyles-Davis mouth gag applied. The nasopharynx was approached trans-orally. The soft palate was retracted upwards by the anterior pillar retractor. The lower part of the FB was visualised. It was firmly stuck in the nasopharynx. It was gently manipulated using a blunt dissector and the FB was brought into the oropharynx and then removed without any trauma to nasopharynx. The nasopharynx was examined using 70 degree telescope. As it was a large FB we did not use nasal endoscope for accessing the FB. The patient was discharged on the same evening without any intra-operative or postoperative complications. (Figure: 3)



Fig 3

DISCUSSION

Foreign body nasopharynx in such a small baby is rare. Most of the patients present as nasal obstruction, nasal discharge with or without any breathing or swallowing difficulty but some remain asymptomatic for a longer period and present mimicking adenoid hypertrophy and sinusitis [2,3]. Most of the patients can be diagnosed using flexible nasopharyngoscope or nasal endoscopes [4]. In case of a lost FB, radiography should include X-ray of nasopharynx along with neck, chest and abdomen [5]. Computed tomography and magnetic resonance imaging could be helpful in selective cases with radiolucent foreign bodies.

Foreign body in nasopharynx should be kept in mind as a differential diagnosis in case of a lost FB which may cause fatal complications if not removed timely. It may dislodge from the site during coughing, sneezing or manual removal causing obstruction to larynx and respiratory arrest.

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