

A rare complication of pharyngeal foreign body as cervicothoracic cellulitis

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Objective : To report a case of pharyngeal foreign body migration in the left laterocervical region, leading to cervicothoracic cellulitis, in order to discuss the pathogenic, diagnostic and therapeutic aspects.

Case report: A 31-year-old patient was referred to us for the management of a cervico-thoracic cellulitis with a presumed dental origin. The patient was initially managed medically with an unfavourable evolution of his condition. On admission of the patient, an adequate medical-surgical management had allowed to resume the investigation after the improvement of the clinical condition. The foreign body could be demonstrated on cervical CT despite a blank endoscopy. An oesophageal duodenal transit subsequently revealed an aerodigestive fistula. The foreign body was spontaneously expelled and was

found during the patient's daily care. The after-effects were marked by the persistence of a sequential dysphonia.

Conclusion: Cervico-thoracic cellulitis is an emergency. Their entry points can have several origins; the migrating foreign body is an etiology not to be neglected. An interrogation and a meticulous clinical examination with the help of paraclinical examinations for a thorough etiological research are imperative. The management of these complications remains multidisciplinary and must be rigorous when the prognosis is vital. The prevention of these incidents by a better education of the patients and also of the first line physicians is essential.

Key words: foreign body, cellulitis, dysphonia, dysphagia, fistula.

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