

FOREIGN BODIES IN EAR, NOSE OR THROAT



Dr. Sohil Vadiya

Consultant - ENT
HCG Hospitals, Ahmedabad

In day to day life, we come across many objects of varied materials. A foreign body is an outside object, living or non living, retained inside human body and it can create damage to tissues, if not removed. Food eaten is not a foreign body but a large bolus of food stuck in throat is a foreign body.

Certain foreign bodies are inert and harmless unless for long time, whereas some objects require urgent removal. Calcification develops around foreign bodies over long time if retained in body and adhesions to tissues also develop, so removal of foreign bodies should be as quick as possible. Button batteries are the most dangerous foreign bodies in nose or ear, as it can cause significant chemical damage to surrounding healthy tissues. As a preventive measure, it is advised not to give any object less than a fist's size to children less than 6 years of age.

With help of high definition endoscopes and microscope, it is possible to remove foreign bodies under direct observation, without inflicting much damage to the surrounding body tissues. Early diagnosis and precise management can certainly prevent significant damage/ undesired consequences. In some cases, removal under general anesthesia may be required.

Foreign bodies in Ear:

While sleeping on floor live insects can crawl inside a person's ear or a mosquito or a housefly can go inside someone's ear. A child may insert small toy or food

grains in ear by mistake. Live insect can create lot of discomfort and noise in ear, and this may lead to panic/anxiety. Proper examination under microscope and removal under direct vision/magnification is the best management strategy for such conditions. Syringing with warm water for removal of foreign bodies had been popular as well. Grains or organic matter may swell up on coming in contact with water, so syringing in such situations must be avoided.

Foreign bodies in Nose:

Children may insert small objects in the nose while playing or sometimes food particles may be found in nose. Pieces of board chalk or small eraser, artificial pearls or game cookies are other common materials. Seeds of fruit may mistakenly be inserted in nose by children. Foreign bodies in nose can cause serious bleeding from nose as it is very vascular area. Rigid nasal endoscope gives the best visualization of nose's inside and helps in precise and complete removal of foreign bodies without much discomfort.

Foreign bodies in throat / esophagus:

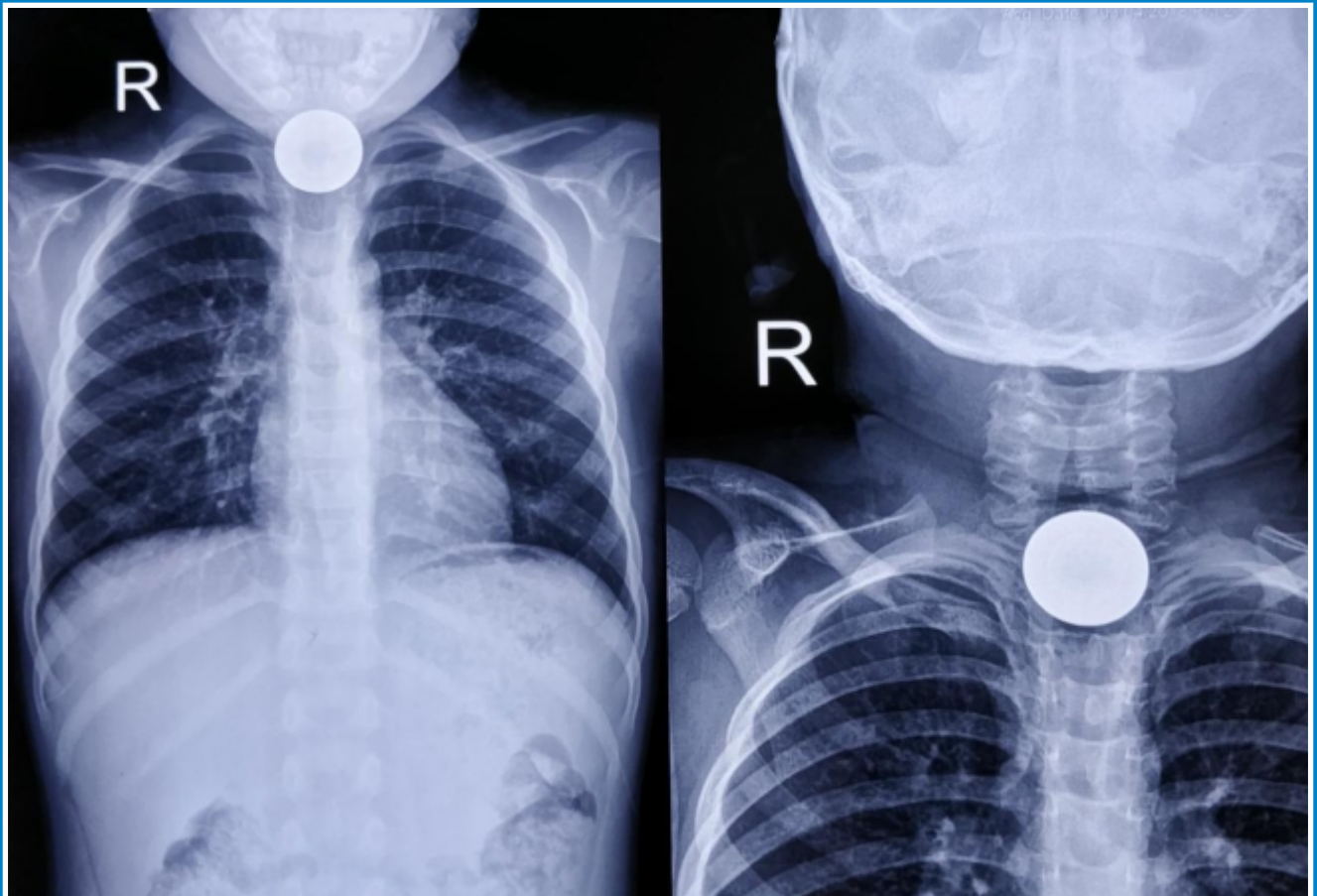
Fish bone, coin, safety pin, chicken bone, dentures, small stones, shells are some objects that may get stuck in throat, pharynx or esophagus. Cricopharynx / Hypopharynx is the most common site, as the cricopharyngeal sphincter keeps most foreign bodies above the upper end of esophagus. It is still not uncommon to find foreign bodies in mid - esophagus or lower esophagus areas. These foreign bodies have to be removed under general anesthesia. Strong history and constant discomfort/dysphagia are common complaints. Xray or flexible endoscopy can easily diagnose the condition. Cricopharyngoscope / Esophagoscope are very useful devices for removal of these foreign bodies. Sharp objects can cause perforation of esophagus if not removed early.

Foreign bodies in larynx/ trachea / bronchus:

This is in most cases an emergency situation. The patient may present with stridor/

breathlessness/respiratory distress. Seeds, beans, peanuts, pins or tablets are the most common objects. If very small, foreign body may remain silent, only to produce trouble later. Proper history is very important and on auscultation, air entry may be reduced on one or both sides of lungs. Laryngoscopy or Bronchoscopy under anesthesia and removal under direct vision is the mainstay of treatment.

A CASE DISCUSSION



A 5 year old boy came to HCG Hospitals with complaints of dysphagia and discomfort in throat with pain and a strong history of swallowing a 10 Rupee coin. The child underwent an X ray that showed presence of a coin, stuck in the esophagus near C7 spine level (See picture). Immediately, rigid esophagoscopy was carried out under general anesthesia in the operating room and the coin was successfully removed, giving a smile back on the worried mother's face. The child was absolutely alright after the procedure and started consuming full diet on the next day. Precise and timely intervention resulted in a favourable outcome.