

How to Cite:

Nandwani, R., & Kumar, A. (2022). An unusual nasopharyngeal foreign body with unusual presentation. *International Journal of Health Sciences*, 6(S3), 7098–7100.
<https://doi.org/10.53730/ijhs.v6nS3.7660>

An unusual nasopharyngeal foreign body with unusual presentation

Dr. Ritesh Nandwani

Department of ENT KCGMC KARNAL

Dr. Ashok Kumar

Department of ENT KCGMC KARNAL

Abstract---Upper aerodigestive tract may harbour foreign bodies such as sponges, grains, toy parts, stones, paper, insects, cotton, glass ball etc. These objects may go undetected for days or even weeks. A metallic foreign body after being inhaled and ultimately being lodged in the nasopharynx is a rare entity. We report a case of an unusual nasopharyngeal foreign body (glass ball) presenting with symptoms of nasal regurgitation and change in voice in a 2-year boy. The foreign body was diagnosed by X-ray skull lateral view including nasopharynx and was removed under general anaesthesia.

Keywords---nasopharyngeal, body, unusual presentation.

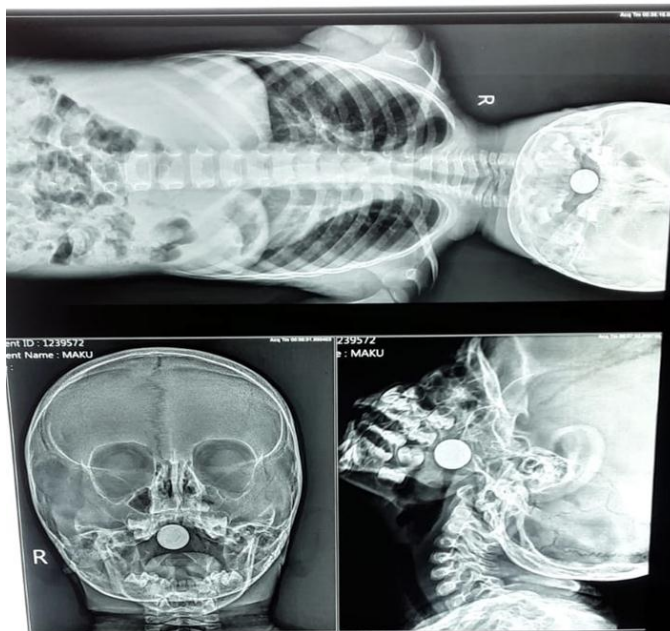
Introduction

Most inhaled foreign bodies pass either into the trachea or the oesophagus.¹ Lodgement of foreign body in the nasopharynx after being inhaled is a rare entity.² Though nasal obstruction, snoring, nasal discharge are the most frequent symptoms.

Case presentation

A 2-year-old boy was referred to us with history of foreign body ingestion with difficulty in nasal breathing. Symptoms were sudden in onset and there was no history of fever. The air entry was equal in both the lungs with normal chest X-ray posteroanterior view. On ENT (ear nose throat) examination oral cavity was normal with mild restricted movements and mild bulge of soft palate on the left side. Examination of both the ears was normal. On anterior rhinoscopy, there was mucopurulent discharge in both nasal cavities. On repeated examination no abnormality detected in both the nasal cavities. An X-ray skull lateral view was taken and a radiopaque foreign body was visualised in nasopharynx (figure 1). The patient was planned to remove the foreign body under a controlled situation

with a secure lower airway. The child was shifted to operation theatre with the precaution to keep the head in dependent position to avoid accidental dislodgement of foreign body in the larynx. The anaesthetist planned general anaesthesia with oral intubation. After endotracheal intubation, the patient was placed in Rose's position with head extended by placing a small pillow under the shoulders. The head was supported and stabilised by a rubber ring. A proper size Boyles-Davis mouth gag was introduced and mouth opened. A saline-soaked small ribbon gauge was placed around the endotracheal tube in the oropharynx. After lubricating with xylocaine jelly on the anterior end a red rubber catheter was introduced through the right nostril into the oropharynx and was pulled out of the oral cavity to the outside by a blunt straight artery forceps. The outer as well as inner ends were then pulled upwards to retract the soft palate posteriorly superiorly. By doing so the nasopharynx was exposed and the part of the foreign body was visualised, which was grasped using curved artery forceps and was taken out. Red rubber catheter and the throat pack were removed. The postoperative period was uneventful.



Treatment

Removal of the foreign body under a controlled situation with a secure lower airway.

Discussion

Foreign bodies in nasal cavity are very common.⁴ The presence of foreign bodies in the airway depends on its nature, size and locations. Every ENT department faces it every day, but nasopharyngeal foreign bodies are rare and it is difficult even to suspect in the absence of radiopaque foreign body. It is suggested that if

swallowed foreign bodies could not be found anywhere, nasopharynx should be examined.^{5 6} Foreign bodies in the nasal cavity and nasopharynx may cause purulent nasal discharge, nasal obstruction, chronic rhino sinusitis, persistent coughing or may remain asymptomatic. Most often nasopharyngeal foreign bodies are accidental findings on radiology, as with the present case. When inhaled, they may lodge in bronchi leading to pneumonia, atelectasis and bronchiectasis, the main complication in late diagnosis.⁶ The history of foreign body inhalation is positive in approximately 70% of cases and of these, only 60% seek medical help within the first 24 h.⁶ If a foreign body in the upper airway and digestive tract is suspected, endoscopic and radiological examination should be promptly performed. The objective of this case report is to suspect and identify the site of lodged foreign body presenting with abnormal symptoms. A careful history of a sudden onset of nasal regurgitation and change in voice is very informative. Symptoms of change in voice, nasal regurgitation with difficulty in swallowing and clinical signs are very important. A supportive nasopharyngoscopy should be part of the investigation as the suspected nasopharyngeal foreign body may not be radiopaque. In addition to X-ray of the chest, neck with X-ray skull lateral view including nasopharynx is important radiological investigation as X-rays are usually diagnostic for radiopaque foreign bodies.⁷

References

1. Satish HS. An unusual foreign body in cervical oesophagus. *Indian J Otolaryngol* 1990;2013:173 [Google Scholar]
2. Sharma SC, Bano S. An unusual foreign body in nasopharynx. *Indian J Otolaryngol Head Neck Surg* 1992;2013:42-3 [Google Scholar]
3. Ogut F, Bereketoglu M, Bilgeric C, et al. Metal ring that had been lodged in a child's nasopharynx for 4 years. *Ear Nose Throat J* 2000;2013:235-6 [PubMed] [Google Scholar]
4. Martins RH, Mano JB, da Silva EF. Foreign body in nasopharynx: an accidental radiological finding. *Rev Bras Otorrinolaringol (Engl Ed)* 2006;2013:431 [Google Scholar]
5. Kumar, S. (2022). A quest for sustainium (sustainability Premium): review of sustainable bonds. *Academy of Accounting and Financial Studies Journal*, Vol. 26, no.2, pp. 1-18
6. Allugunti, V.R. (2019). Diabetes Kaggle Dataset Adequacy Scrutiny using Factor Exploration and Correlation. *International Journal of Recent Technology and Engineering*, Volume-8, Issue-1S4, pp 1105-1110.
7. Viswanatha KKRC, Reddy A, Elango N M (2019). Diabetes Kaggle Dataset Adequacy Scrutiny using Factor Exploration and Correlation, *International Journal of Recent Technology and Engineering (IJRTE)* Vol. 8.
8. Parker AJ, Bingham BJ, Osborne JE. Swallowed foreign body: Is it in the nasopharynx. *Postgrad Med J* 1988;2013:201-3 [PMC free article] [PubMed] [Google Scholar]
9. Oysu C, Yilmaz HB, Sahin AA, et al. Marble impaction in nasopharynx following oral ingestion. *Eur Arch Otorhinolaryngol* 2003;2013:522-3 [PubMed] [Google Scholar]
10. Baldwin CJ, Majumder S. A technique to localize the radio-opaque foreign body. *Plast Reconstr Surg* 2005;2013:1804. [PubMed] [Google Scholar]