Case Report

AN UNEXPECTED PRESENTATION OF FOREIGN BODY IN LARYNX

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ABSTRACT

Foreign body aspiration is very common in paediatric age group specially 6 months to 4 years of age, but it is relatively unusual entity amongst adult population unless predisposing factor like alcohol or drug intoxication or psychiatric illness.

We are reporting an interesting case of foreign body (sewing needle) aspiration which penetrated through thyrohyoid membrane anteriorly by its blunt end and presented as a subcutaneous midline neck swelling associated with pain on swallowing.

KEY WORDS:

Foreign body, Larynx, Penetrating, Sewing Needle

INTRODUCTION:

Foreign body ingestion is more common amongst paediatric age group due to increase in hand to mouth activity and curiosity for surrounding. Adults with decreased airway protective mechanisms, such as persons with mental retardation, alcoholism, psychoses, or neurologic disorders, also are at risk of aspiration. Penetrating foreign body in neck was common in the era of World War I and II secondary to missile fragment, bullet and pellets but nowadays these are very rare. Rarely ingested sharp foreign body in hypopharynx may penetrate through its wall because of its peristaltic movement and may migrate into the surrounding tissue where it may remain silently or can cause various complications.

We are reporting a case of foreign body (sewing needle) aspiration which penetrated through thyrohyoid membrane anteriorly by its blunt end just above the level of thyroid cartilage and presented with a subcutaneous midline neck swelling, associated with pain on swallowing.

CASE REPORT:

An 18 years old female patient was brought to the Emergency Department of chhatrapati shivaji subharti hospital, with a complaint of accidental ingestion of sewing needle while doing sewing work after her dinner half an hour back followed by neck swelling and pain on swallowing. There was no history of vomiting, bleed from mouth, hemoptysis or cough.

On examination patient was anxious but haemodynamically stable. A Single 5 × 5 mm s...d pointed midline neck swelling was seen 0.5 cm above the thyroid cartilage. Skin overlying the swelling was intact.

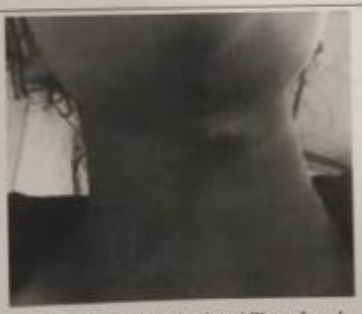

Fig. I-needle protruding in midline of neck

On palpation a sharp point was felt at the most prominent part of the swelling. On indirect laryngoscopy foreign body needle was seen above the level of true vocal cord lying in anteroposterior direction with posterior end lying about 1cm above the arytenoids penetrating the posterior pharyngeal wall and blunt end was seen penetrating laryngeal framework anteriorly in midline.

Roentgenogram of neck showed a radiopaque

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foreign body lying in anteroposterior direction at the level of thyrohyoid membrane with its posterior end abutting the lower end of C3 vertebra.

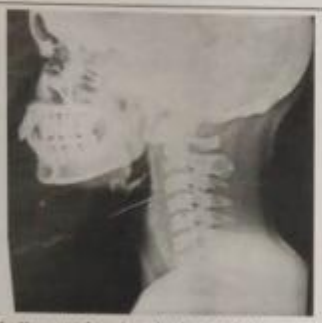

Fig.II- xray showing the level of the needle.

Patient was undertaken for immediate surgical removal of foreign body under monitored anaesthesia care. Injection of 2% xylocaine with adrenaline (1 in 2,00,000) was injected locally. About 2 mm long incision was given over pointed area of swelling. The foreign body was retrieved using fine needle holding forceps. The foreign body was a metallic sewing needle of 5 cm in length. Patient was comfortable following surgery and was discharged after overnight observation.

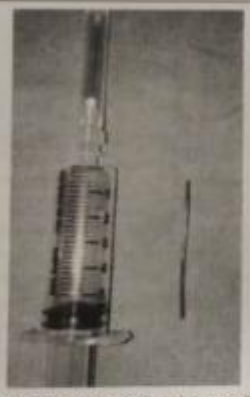

Fig.III- Foreign body (sewing needle)

DISCUSSION:

Foreign body aspiration is most common in children aged 6 months to 4 years, a time when they are exploring their surroundings and placing objects into their mouth.[1] Adults with decreased airway protective mechanisms, such as persons with mental retardation, alcoholism, psychoses, or neurologic disorders, also are at risk of aspiration.[2]

Foreign body aspiration may appear as an acute onset of respiratory distress, history of aspiration may be lacking or patients may have a silent presentation manifested by secondary complications. Most patients with foreign body aspiration present with an acute onset of choking, respiratory distress, cyanosis, severe coughing, and wheezing.[3] Other patients may present days to weeks after the development of complications, such as hemoptysis, bronchiectasis, and bronchial stricture.[4]

On examination, patients may have stridor, crackles, wheezing, decreased breath sounds in the affected lung, or normal results on pulmonary physical examination. Typical symptoms of complete airway obstruction that occur while a person is eating a meal include severe respiratory distress and the inability to speak or cough. Individuals typically place their thumbs and index fingers around their neck.[1]

Foreign body in aerodigestive tract is usually found intraluminal. However if foreign body is sharp it can get impacted at any place in the aerodigestive passage or can migrate due to penetration. Penetration and migration are seen more commonly with hypopharyngeal foreign body than laryngotracheal foreign body due to its peristaltic movements.[5] Transversely oriented foreign body is more likely to penetrate than vertically oriented foreign body. Migrated foreign body may remain asymptomatic or may result in suppurative complication like deep neck abscess, mediastinitis and thyroid gland abscess or vascular complications due to penetration of carotid artery, jugular vein or branches of these vessels.[6-8]

REFERENCES

1. H.K. Tan, K. Brown, T. McGill, et al.Airway foreign bodies (FB): a 10-year reviewInt J Pediatr Otorhinolaryngol, 56 (2) (2000), pp. 91-99
2. P.V. Kavanagh, A.C. Mason, N.L. MullerThoracic foreign bodies in adultsClin Radiol, 54 (6) (1999), pp. 353-360
3. A.B. Silva, H.R. Muntz, R. CloryUtility of conventional radiography in the diagnosis and management of pediatric airway foreign bodiesAnn Otol Rhinol Laryngol, 107 (10 Pt 1) (1998), pp. 834-838
4. A.H. Limper, U.B. PrakashTracheobronchial foreign bodies in adultsAnn Intern Med, 112 (8) (1990), pp. 604-609
5. P.S.N. Murthy, T.V. Bipin, R. Ranjit, et al.Extraluminal migration of the swallowed foreign body into the neckAm J Otolaryngol, 16 (1995), pp. 213-215
6. C. Karol, M. Slobodan, L. JovancevicComplicated hypopharyngeal perforation caused by a foreign bodyMed Pregl, 60 (2007), pp. 392-396
7. S.M. Chung, H.S. Kim, E.H. ParkMigrating pharyngeal foreign bodies: a series of four cases of saw toothed fish bonesEura Arch Otorhinolaryngol, 265 (2008), pp. 1125-1129
8. Al Muhanna, K.A. Abu Chra, H. DasMJ, et al.Thyroid lobectomy for removal of fish boneJ Laryngol Otol, 104 (1990), pp. 511-512

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