

DIFFICULT & CHALLENGING FOREIGN BODIES IN ENT PRACTICE

Abdur Rahman Anwar¹, Meena Gul², Muhammad Iftikhar Adil³, Shams-ur-Rehman⁴, Hamad ur Rahman⁵, Rida Rahman⁶

¹Department of ENT & Head & Neck Surgery, DHQ Teaching Hospital, Swabi, Pakistan

²Department of Physiology, Gajju Khan Medical College, Swabi, Pakistan

³Department of Medicine, Gajju Khan Medical College, Swabi, Pakistan

⁴MBBS Final Year, Peshawar Medical College, Peshawar, Pakistan

⁵BDS 2nd Year, Frontier Women Medical College, Abbottabad, Pakistan

ABSTRACT

Objectives: To highlight the incidence of unusual and difficult foreign bodies in ENT.

Material & Methods: Eleven cases of different natures of foreign bodies in the ear, nose, and throat were collected in the ENT Department DHQ Teaching Hospital and Bacha Khan Medical Complex Swabi in 2015 & 2016. In children, foreign bodies, ears, nose, and throat are common incidents, but in adults, it was found to be accidental or the individual had some behavioral abnormalities.

Results: Eleven cases of foreign bodies in different nations and throats were collected.

A 1 1/2-year-old child presented in dire emergency with a China door lock stuck in the oral cavity and Oropharynx. Two adults with recurrent foreign bodies in the nose and ear had behavioral problems. Two adult cases had retained splints in the nose. While a child had retained a button battery in the nose, presenting with complications. Another boy had accidentally retained a foreign body in the sub-mental region with discharge sines. Two cases of leech in the nose were initially undiagnosed. A foreign body on the hard palate in an adult lady was misdiagnosed, while another adult male presented with a regurgitated foreign body in the nasopharynx.

Conclusion: In the case of a foreign body in the nose, ear, or throat, proper history and thorough clinical examination are mandatory.

Keyword: Difficult and challenging foreign bodies in ENT.

INTRODUCTION

The golden rule of medicine is that diagnoses of illnesses and ailments are made based on proper history, clinical examination, and relevant investigation. But it is also very uncommon to come across cases where neither history favors nor the presentation of disease entity is so modified that management becomes challenging. Most of the time, such cases are either overlooked or mismanaged¹⁻²⁻³.

In ENT practice, foreign bodies in the ear, nose, throat, and bronchus are common.

The incidence of foreign bodies is more common in children, particularly in age groups between 2-8 years, but has also been frequently reported in adults. Children are curious to explore things, so they habitually put things in their nose, throat, and even other body orifices.

In addition to the nose and throat, foreign bodies are found in the nasopharynx, either slipped from the nose or regurgitated from the oropharynx⁴. Sometimes, these foreign bodies present a dire emergency. Most of the time, foreign bodies in the nose and ear are unnoticed⁵, which remain long and become obvious after complications.

In the case of adults, the incidence of foreign bodies is either accidental or occurs in individuals who are mentally disabled or have a personality disorder.

Correspondence:

Dr. Abdur Rahman Anwar

Assistant Professor, ENT DHQ Teaching Hospital Swabi / Gajju Khan Medical College, Swabi, Pakistan
Cell: 0300-9084722

Email: drabdurrahmananwar@Gmail.com

Date Received: Jan-11-2020

Date Accepted: Feb-11-2020

Date Revised: Mar-24-2020

Available Online: April-02-2020

A wide list of foreign bodies recovered from the ear nose and throat range from inert materials like Seeds, sponges, grains, cotton, paper, stones, etc., to more dangerous and harmful materials and even living insects and parasites like maggots and leeches⁶.

MATERIALS AND METHODS

The cases were managed in the ENT department of DHQ Teaching Hospital Swabi and Bacha Khan Medical Complex Swabi during 2014-15.

RESULTS

Two adults with recurrent foreign bodies in the nose and ear had behavioral problems. Two adult cases had retained splints in the nose. While a child had retained a button battery in the nose, presenting with complications. Another boy had accidentally retained a foreign body in the sub-mental region with discharge sines. Two cases of leech in the nose were initially undiagnosed. A foreign body on the hard palate in an adult lady was misdiagnosed, while another adult male presented with a regurgitated foreign body in the nasopharynx.

1.Foreign Body Nose

A 13-year-old boy from a remote area of District Swabi belonging to a lower socio-economic and uneducated family presented to ENT OPD with a painful, swollen nose, foul smell, and blood-stained discharge from the right Nostril, with Epiphora on the same side.

Upon examination, the child had a normal physique and behavior but a sluggish response to questions. A nose examination showed a tuft of small wooden sticks Snuggled in the nasal cavity. It was painful and easily bleeds to touch.

The child was admitted to clear the nose under general anesthesia. After routine investigations, the nose was examined under general anesthesia. Small Wooden match sticks (Picture 1a, 1b.) were found with granulations and very foul smell. Frank bleeding was observed during removal.

The nose was cleared of the Stuff; the nasal cavity was found widened. The nose was packed for 24 hrs and the patient was put on 1/v antibiotics (Cephadrine injection 8 hourly for next 24 hrs).The patient was discharged after pack removal.

The same patient presented again after 3 months with the same picture. The illiterate father of the patient believed it to be the effect of some ghosts and didn't believe that the child was having some behavioral abnormality. Again, the same procedure was followed. After recovery, the patient was referred to a Psychiatrist for further management.

2. Foreign body with chronic discharging sinus:

A 14-year-old boy was brought to ENT OPD by his father with a history of discharging sinus in the sub-mental region for the last 3 months.

The child had undergone some surgical intervention twice previously with no available record.

On examination, there was a discharging sinus in the mental (Suprahyoid region) with tethering of skin around the fistula and two bazar-shaped linear scars of previous surgical interventions. The 2nd opening of the fistula opening was found in the oral cavity close to the root of the right lower canine, with some fine granulations around the opening.

Plane X ray in anteroposterior and lateral view was of no help.

ESR and other routine blood investigations were normal.

A fistulogram was advised, but patient turned back hopeless.

The facility of further radiological assessments like CT and MRI are not available with us, and the patient was not convinced to do it elsewhere and was insisting on the operation.

The patient was listed for exploration of fistula. A pre-op workup was done.

The patient was draped under general anesthesia. An elliptical incision was made around the fistula opening, and although it was excisable to some extent, it suddenly ended in a cavity, and further dissection of the fistula was impossible. When the tract was probed, it connected with the inner opening. Cavity like space was cleaned.

Deep probing with the index finger led to a feeling of some bony-like piece stuck in. It was thought to be a sequestrum, but when further explored, it was

found to be a piece of wood stuck deep with granulation and fibrous tissue around it (picture 2a. 2b.)

Actually, the patient faced a road traffic accident, initially receiving injuries to the neck and sub mental region for which he received IST aid. This history was neither mentioned nor traced by patients or relatives. The patient was followed up to 3rd week postoperative and had a nice healing.

3. Leech in Nose:

In some hilly parts of the district, Swabi. the peasants drink from small ponds of stagnant water while working in hills or grazing animals in deserts. These pond water usually have small leeches which are swallowed during drinking and we have seen a good number of patients presenting with leech in nasopharynx, larynx, and hypopharynx.

A 70-year-old man reported to ENT OPD that he had a foreign body which was moving (flickering) in his nose and had disturbed him so much that he could not sleep soundly for the last more than one month. He was fed up going to many quacks, Spiritual healers, and GPs. The perception was of a psychic problem.

On first look, no foreign body was seen, and I also considered him to be a psychic patient, but on patient Insist, the nose was again prepared with a local vasoconstrictor and examined. and did feel something moving in the last part of the nose, and with a thorough look, it was the felt to be movement of a sponge; it was grasped and removed.

The patient was asked whether he had a relief or not. He nodded his head and, after a pause, said

doctor, I still felt something. To my surprise, when i examined the patient, there was a second leech hanging in the last part of the posterior meatus. Both leeches were about 5 cm long (picture 3a. 3b.).

4. Lock stuck in the throat.

A male boy one-year-old was brought in the emergency, with the head of the child holed hanging down, as there was severe dyspnoea and choking in the erect posture. The parents were unaware of what had happened to the child. It was such an acute emergency that we did not even have time to trace the history. The child was directly taken to ENT OT.

Keeping the child in a supine position worsened breathing. The child was somewhat stunned and motionless. We were surprised that a sizeable door lock (picture 4) was stuck badly between the hard palate and posterior laryngopharyngeal wall in the inverted position (hook side down).

To give General Anesthesia or perform a tracheostomy in such a situation of hurry and worry was out of the question. The 2nd challenging point was that we could not have a proper instrument to grasp such a big foreign body badly stuck. However, it was unbelievable for us how we removed the foreign body and took a long breath of relief from a situation of shock.

5. Foreign Body in Ears

We were fed of 25 years unmarried lady who was brought by her father several times with foreign body (Pebbles) stuck in external auditory meatus and we were unable to remove without general anesthesia

Table 1:

S. No.	Nature of Case	Age	Sex	Clinic Presentation
1.	Foreign Body Nose (Match sticks)	10 years	Male	Nasal obstruction, foul smell blood stained discharge, epiphora.
2.	Foreign body (Pebble in ear)	22 years	Female	Presenting with frequent FB stones in ear
3.	Leeches in Nose	65 years	Male	Foreign body feeling nose for one month
4.	Leech in nose with vestibulitis	50 years	Male	Leech in nose & burn of nostrils with caustic material
5.	Foreign body hard palate	30 years	Female	Presented with hard mass like lesion on hard palate
6.	Foreign body submental region	14 years	Male	Discharging sinus sub mental region with irregular scar
7.	Disc Lock in oral cavity	1 1/2 years	Child	Disc lock stuck in Oropharynx with respiratory distress.
8.	Retained splint in nose	30 years	Male	Nasal Obstruction, head ache & nasal discharge
9.	Retained splint in nose	28 years	Male	Nasal Obstruction, Post polypectomy two years
10.	Disc battery in nose	2 years	Child	Nasal Obstruction, blood stained discharge
11.	Water melon pulp in nasopharynx	28 years	Male	Regurgitated melon pulp from oral cavity into nasopharynx

as she was very uncooperative. The father believed it was the effect of ghosts doing like that, and were not convinced to be treated by a psychiatrist...

6. Nasal Vestibule burn with caustic material (leech nasopharynx)

A 50-year-old man presented with a leech in the nasopharynx. and burn of anterior nares with some caustic material

This man was suspecting living foreign body movements, suspecting it a leech. He went to a local quack, who put some caustic material with the intention to kill the foreign body, which gave him no relief but resulted in a burn producing scar over both nasal vestibules with partial stenosis. On examination, a leech was found in the nasopharynx, which was removed, and the vestibular lesion was treated accordingly.

7. Deceiving Foreign Body Hard Palate

A 30-year-old lady presented with a smooth, surfaced swelling over the hard palate. She was not sure about duration but noticed it some 5 days back.

on examination, it was bony hard, smoothly surfaced swelling (of small sized almond) with some in duration at margins and a diagnosis of torus Palatine was made. She was admitted and prepared for excision. Under general anesthesia, when it was accessed and palpated, the edge of this suspected swelling moved, and a cleavage appeared between the edge and hard palate mucosa. On elevation with freer elevator, it was found to be an outer thick shell of pistachio seed, which was easily removed and the patient recovered.

8. Retained Splints in nose

A 30-year-old male presented to us with a history of nasal obstruction, nasal discharge off and on, time blood-stained, and recurrent headache. The patient was an employee in Dubai; He had undergone nasal surgery for deviated nasal septum three years back. After surgery, he left for Dubai. During his stay, he remained disturbed by the above complaints. After one year, he came back to Pakistan and consulted his surgeon. He underwent an antral washout and received some symptomatic treatment. Same treatment was repeated twice on his successive visits to country .after thorough examination, a foreign body was suspected in the right nostril. On touch, it had a sharp plastic feeling. On inquiry, he said that plastic splints were put

in the nose after surgery, and as far as he remembered, it was removed from one side, which, in his opinion, was the side operated. He was of the view that it was a unilateral splint that was removed. The patient was prepared for examination under general anesthesia. A retained plastic splint was rolled up and tightly stuck in the coat on the right side with granulations. It was removed and the patient was reviewed for up to one month, showing complete relief from symptoms.

9. Another male of 25 years presented with a history of nasal Obstruction.

He had undergone nasal polypectomy nine months ago but didn't have good relief postoperatively. On examination, he showed a recurrence of nasal polypi. He was prepared for nasal polypectomy under general anaesthesia.

After removal of the polyp, nasopharynx was checked with a finger, as usual, a foreign body was felt, which was found to be a retained plastic splint rolled up in a coat. It was removed, and the patient showed good improvement.

10. Retained foreign body with perforation of the nasal septum:-

A three-year-old girl was brought to ENT OPD with a history of nasal Obstruction. On examination, the right nostril showed discharge, which, on suction clearance, revealed a foreign body (metallic) surrounded by black crusts. It was difficult to remove, and touching it led to bleeding. Patient was prepared for removal of a foreign body under general anesthesia. The foreign body found was button battery surrounded with granulations and black crusts. The Foreign body was removed, the cartilaginous septum was found perforated, inferior and middle turbinates on the same side were found burned with black crusts on the surface. The nose was packed for 24 hours, and the patient was discharged after the removal of the nasal pack.

Regurgitated Pulp of Melon at the coat of the nose:

A 28 years old male presented with a sensation of foreign body in the nose. He reported that he was eating melon while one of his friends hit him from the back of his head.He felt a piece of the pulp of melon regurgitated into the nasopharynx. He tried to blow it out through the nose but could not. The nose and

nasopharynx were examined, but no foreign body was appreciable. The nose was de-congested with xynosine nasal spray, and a piece of spongy pulp was seen in the most posterior parts of the nose close to the coana. It was difficult to grasp, and persistent manipulation was more irritable for the patient. Lastly, the nose was sprayed with local anesthetic, and a foreign body was pushed to the nasopharynx, which the patient easily spat out.

DISCUSSION

Foreign bodies in ENT practice are a common incidence, but sometimes it presents a diagnostic challenge even for experienced surgeons, and management becomes a real task. Children have curiosity and habits of exploring things and as a result, they end up putting foreign bodies in nose and throat. Usually, there is positive history when evident and noted by someone, but if it remains unnoticed, it stays longer and presents later with complications where diagnosis and management both become difficult⁷⁻⁸. Foreign bodies in adults are not as common as in children, and incidences occur either accidentally or in individuals who are mentally retarded or have some mental perversion.

A 10-year-old kid putting wooden match sticks in the nose and presenting with miserable complications was not the attitude of a normal individual. Similarly female 20 years old constantly presenting with foreign body ears (pebbles) also had mental illness Luchavechi et al and R Steelman has reported the self-injurious behavior of patients with mental retardation and documented that this behavior varied from simple biting of nails to extreme self-mutilation⁹⁻¹⁰. Leeches are blood sucking hermaphroditic parasites. They are usually taken into the body while bathing drinking unfiltered water, or swimming in contaminated water.

They localize on the mucosa of the Oropharynx, nasopharynx, tonsils, esophagus, nose, larynx and rarely in rectal mucosa. Leech infestation in cases who present with epistaxis or haemoptysis, particularly belonging to rural areas, needs to be ruled out¹¹⁻¹².

Engin Senguli et al¹³ reported two cases of leech infestation in a 4-year-old child and 65 years old man with a similar history of drinking dirty water from a contaminated pool as in our cases who presented with recurrent epistaxis and oral bleeding. The child had a leech in the nose, and the old man had a leech attached to the epiglottis.

K Rohit et al¹⁴ also reported an 8 years old child who presented with epistaxis and crawling sensation inside the nasal cavity. On examination, there was a brownish moving foreign body, which turned out to be a living leech.

Foonant Set al¹⁵ also reported a similar case of leech infestation in the nasal cavity. Retention of foreign bodies following trauma and accidents are not uncommon, and may remain unnoticed and will present later with abscess, discharging sinus, osteomyelitis, paraesthesia of adjoining nerves and tremus¹⁶⁻¹⁷. Various retained foreign bodies similar to our cases, like retained splints and packing material, are reported in literature¹⁸. Button batteries are also frequently reported in the ear and nose, and esophagus removal is not very challenging. Still, when missed and ignored for a long time, it has a very dangerous nature and will present with serious complications¹⁹⁻²⁰. Sometimes, foreign body presentation is so deceiving that it mimics a pathological lesion²¹⁻²², as we also experienced in one case where a nutshell resembled a palatal lesion (torus palatine).

CONCLUSION

The Golden rule of history is that proper examination and investigation must be followed to conclude the patient. Present with the same complaint, a misdiagnosis must be accepted, and re-evaluation should be planned.

REFERENCES

1. Diom ES, Diouf R, Diopel HM. Unusual nasopharyngeal foreign body, A hooked iron rod. *Ear Nose Throat J.* 2012; 19(7):13-7.
2. Sinha R, Sen I, Saha J, Mukherjee A, Guha R. Migration of fish bone from upper aerodigestive tract to the skin of the neck. *Ear Nose Throat J.* 2013; 92(8); e15.
3. Kumar S, Singh A. An unusual foreign body in the nose of an adult. 2013; 201:77-80.
4. Dutta S, Saha, S Pal S. Epistaxis due to leech infestation in nose: A report of six cases and review of the literature. *Indian J Otolaryngol head and neck Surg* 2016; 68(1): 42-5.
5. Sahni D, Harpuneet. An unusual and forgotten foreign body nose. *IJSR*, 2015; 4(1).
6. Davies PH, Bengner JR. Foreign bodies in the nose and ear: a review of removal techniques in the emergency department. *J Accid Emerg Med.* 2000; 17:91-4.
7. Moorth PN, Srivalli M, Rau GV, Prasanth C. Study on clinical presentation of ear and nose foreign bodies:

- Indian J Otolaryngol Head Neck Surg 7, Satish HS. An unusual foreign body in the cervical esophagus. Indian J Otolaryngol. 1990; 2013:173.
8. Sharma SC, Bano S. An unusual foreign body in nasopharynx. Indian J Otolaryngol Head Neck Surg. 2013; 42-3. 2012; 64(1):31-5.
 9. T. Lucavechi E, Baberia M, Arena M. Self-injurious behavior in a patient with mental retardation. Quintessence international, 2007; 38 (7): 393-8.
 10. Steelman R, Self injurious behaviour: report of a case and follow up. J Med. 1986; 41(2): 108-10.
 11. Award ME, Patil K. Haematemesia due to leech infestation. Ann Trop Paediatr. 1990; 10(1):6-12.
 12. Bilgen C, Karachi B, Uluoz U. Anaso pharyngeal mass; Leech in the nasopharynx. Int J Pediatr Otorhinolaryngol. 2002; 64(1):73-6.
 13. Sanguli E, Baliar S, Arickan C, Sengul, Erdur O. An unusual cause of epistaxis, anemia and upper respiratory tract obstruction, Leeches Report of three cases. J Clin Exp Inves. 2012; 3(3):401-3.
 14. Rohit K, Shivakumar AM, Munish KS, Kumar C. Unusual foreign bodies of the nasal cavity. Series of four cases. ISOR JDMS. 2015; 14(5):100-104.
 15. Foonant S, Puntasari W, Manorat M, Niwasaburta S. A Leech in the nasal cavity. Case report Chiang Mai Med Bull. 2006; 45(1): 27-30.
 16. Auluck A, Behanan AG, Pai KM, Shetty C. Recurrent cheek sinus due to retained foreign body. Br Dent J. 2005; 198:337-9.
 17. Rudagi BM, Halli R, Kini Y. Foreign bodies in facial trauma. J Maxillofac Oral Surg. 2013; 12(2):210-13.
 18. Ahmad K, Taus A. An unusual foreign body nose. Bangladesh J Otolaryngol. 2014; 20(2):102-5
 19. Mc Roe D, Pramachandra DJ, Gatland DJ. Button batteries in the ear, nose, and throat, a destructive foreign body. J Otolaryngol. 1989; 18(6):317-9.
 20. Hong D, Chu YF, Tong KM. Button batteries as foreign bodies in the nasal cavity. Int J Pediatr Otorhinolaryngol. 1987; 14(1): 15-9.
 21. Rasband-Lindaquist AN, Lusk R. Unusual hard foreign body; a case report. Ear Nose Throat J. 2007; 92(4-5):16-7.
 22. Iseng E, Wolley AL. Foreign body simulating a hard palate lesion in a child. Int J Pediatr Otorhinolaryngol. 1996; 38:169-74.