

CASE REPORT

Ingested Nasopharyngeal Foreign Body in a Young Child

Abhilasha Goswami¹, Hironya Borah²

ABSTRACT

Foreign bodies in the aerodigestive tract are a common problem encountered during the practice of otorhinolaryngology. It constitutes a health hazard in all age-groups, but more so among the pediatric population, requiring effective management and immediate intervention. Out of all the reports on foreign bodies in the aerodigestive tract, nasopharyngeal foreign bodies after ingestion are rare. Here, we present a 6-year-old female who presented with noisy breathing and restlessness, following ingestion of jujube seed. On examination, the chest was bilaterally clear and radiograph of the nasopharynx revealed a foreign body in the nasopharynx. The foreign body was removed endoscopically under general anesthesia. This case report is being highlighted for its rarity and unusual presentation. This case also illustrates the importance of nasopharyngeal examination in children with history of foreign body ingestion.

Keywords: Ingested foreign body, Nasopharynx, X-ray nasopharynx.

Otorhinolaryngology Clinics: An International Journal (2021): 10.5005/jp-journals-10003-1376

INTRODUCTION

A foreign body is an exogenous or endogenous object or extraneous matter that has entered the body either by accident or by design, but does not belong there. Foreign bodies in the aerodigestive tract are a common problem encountered during day-to-day practice of otorhinolaryngology. It constitutes a health hazard in all age-groups, but more so among the pediatric population, requiring effective management and immediate intervention. Out of all the reports on foreign bodies in the aerodigestive tract, nasopharyngeal foreign bodies after ingestion are rare. The diagnostic challenge faced is because the patient is unable to provide a proper history, and the burden of accurate diagnosis falls on the parents and the treating physician. Careful assessment, clinical evaluation, and radiological investigations play an important role in effective and prompt management of such cases.

CASE REPORT

A 6-year-old female was brought to the outpatient department with history of ingestion of jujube seed 2 hours before, following which she had noisy breathing and restlessness. The patient was anxious and had open mouth with noisy breathing of a sonorous nature. On general examination, there was bilateral normal air entry into the chest. On ENT examination, there was hyperemia of the left tympanic membrane. Radiographs of the nasopharynx, neck, and chest were obtained. X-ray nasopharynx revealed a spherical radio-opaque shadow in the region of the nasopharynx (Fig. 1). After carrying out the necessary investigations, patient was prepared for endoscopic removal under general anesthesia. A 1.5 × 1.5 cm² spherical foreign body (jujube seed) was recovered from the patient's nasopharynx (Fig. 2). The patient was stable postoperatively and was discharged the next day.

DISCUSSION

Nasopharyngeal foreign bodies are rarely encountered during clinical practice. Most of the cases are due to negligence at the

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How to cite this article: Goswami A, Borah H. Ingested Nasopharyngeal Foreign Body in a Young Child. *Int J Otorhinolaryngol Clin* 2021;xx(xx):xx-xx.

Source of support: Nil

Conflict of interest: None

time of surgery, e.g., leaving behind swabs in the nasopharynx after tonsillectomy or adenoidectomy. This case is unique in the sense that a foreign body that was ingested was lodged in the nasopharynx instead of the larynx, bronchus, or esophagus. A possible explanation could be that the patient tried to cough out the foreign body, whereupon it got lodged in the nasopharynx instead of coming out via the oral cavity.

We reviewed literature on nasopharyngeal foreign bodies, which revealed unusual foreign bodies such as large screw with its nut,¹ a coin presenting as adenoid hypertrophy,² forgotten gold coin lodged in the soft palate,³ a large metal nut,⁴ and a case of marble lodged in the nasopharynx, detected after 4 months, with associated adenoid hypertrophy.⁵

Foreign bodies lodged in the nasopharynx are often missed, and this can prove fatal for the patient, as it may descend down into the airway leading to sudden airway obstruction.

Therefore, it is important to keep in mind that ingested foreign bodies may be lodged in nasopharynx, if the patient presents with symptoms of nasal obstruction, as was observed in our case. Patients with history of ingestion/inhalation of foreign body with normal chest findings and a clear chest radiograph should undergo thorough nasal examination, including X-ray of the nasopharynx, to rule out all possible sites of foreign body lodgment.

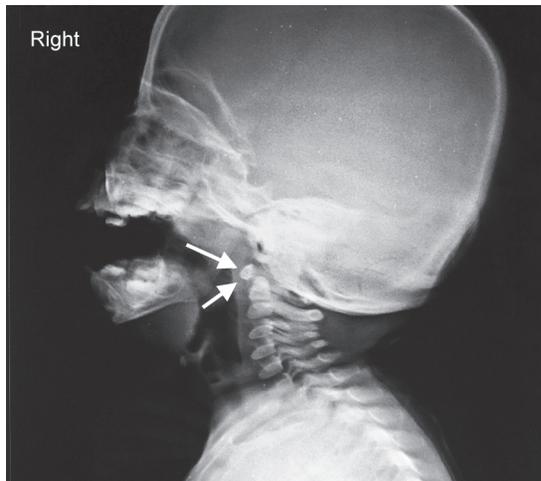


Fig. 1: X-ray nasopharynx showing a spherical radio-opaque shadow in the region of the nasopharynx (white arrows)

CONCLUSION

Ingested or inhaled foreign bodies can easily get impacted in the nasopharynx. This is more common in children with enlarged adenoids. Foreign bodies in the nasopharynx require prompt diagnosis and treatment as it can lead to potentially serious or fatal complications. Patients with history of ingestion of foreign body with nasal symptoms and normal chest and chest radiographic findings should undergo detailed examination of the nose and nasopharynx. Thorough examination of the nose and nasopharynx, both endoscopically and radiologically, can be life-saving for patients with foreign bodies lodged in the nasopharynx.

The presented case report is significant as it not only highlights a rare case, but also illustrates the importance on the part of the doctor to remain vigilant and rely on clinical and radiologic findings if they are not matching with the history.



Fig. 2: A 1.5×1.5 cm² spherical foreign body (jujube seed), recovered from the patient's nasopharynx

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