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Case report/Kazuistyka

An unusual presentation of long standing foreign body at nasopharynx of a child – A case report

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ABSTRACT

The long-standing foreign body (FB) at the nasopharynx is an extremely rare clinical entity. It is always a challenging situation for an Otolaryngologist to diagnose and removal of a FB from nasopharyngeal airway. We are reporting an unique case of FB at nasopharynx of a child who presents with acute otitis media due to obstruction of nasopharyngeal opening of Eustachian tube. The FB was diagnosed by flexible nasopharyngolaryngoscope and documented by X-ray skull with lateral view and same was removed under general anesthesia while keeping the child in Rose's position. The FB was removed through per-orally without any fatal complications.

Introduction

Anything to the vicinity of a child can be a potential foreign body (FB) of nose, nasopharynx and aerodigestive tract. Numerous cases of foreign bodies *via* ingestion or inhalation have been reported in medical literature. In case of nasopharyngeal FB, the route of entry is either anteriorly through nose or posteriorly after vomiting of inhaled or ingested FB. Occasionally a FB in oral cavity or oropharynx may be pushed into the nasopharynx by digital manipulation when attempted to bring out by attendants [1]. Sometimes after surgery, gauze pack may be left behind in nasopharynx. Infrequently, in penetrating injury, through palatal defect, foreign body may be entered into the nasopharynx. There are reports of foreign bodies at nasopharynx undetected for quite a long period [2]. The FB in the nasopharynx may remain silent for long period or may present the symptoms simulating adenoid hypertrophy or rhinosinusitis like bilateral nasal obstruction, nasal discharge, epistaxis or halitosis or ear symptoms like earache, otorrhoea and hearing loss [2]. Suspicion is the key behind the diagnosis of nasopharyngeal FB and is always rule to ask the parents whether the child was playing with siblings or other can put a FB in mouth or nose. Here, we are reporting a case, where a metallic FB after being introduced into the mouth of a 2-year-old child by himself, ultimately had get lodged in the nasopharynx, presenting with acute otitis media.

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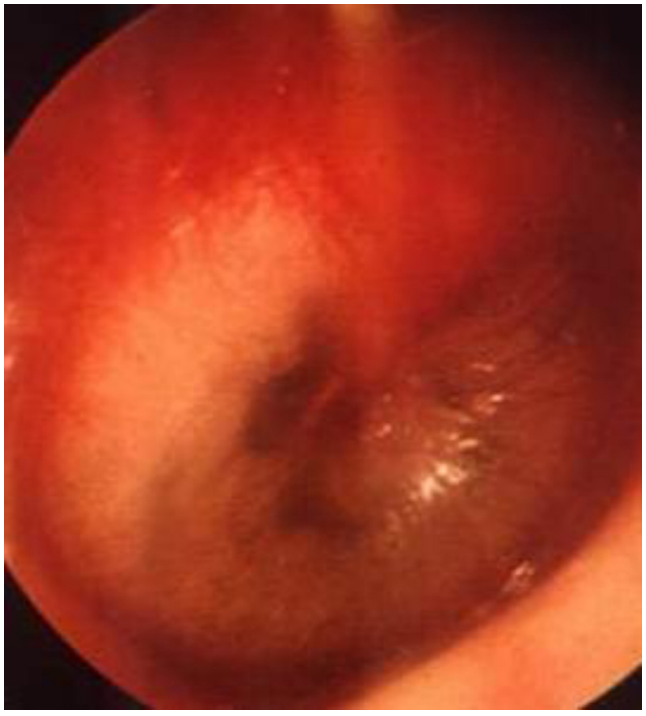

Fig. 1 – Otoscopic picture showing congested right tympanic membrane

Case report

A 2-year-old child presented at the Outpatient Department of Otorhinolaryngology with right ear pain, bilateral nasal obstruction, nasal discharge and mouth breathing for last six months. Otoscopy showed congested tympanic membrane in right side (Fig. 1). On examination, anterior rhinoscopy did not reveal any pathology except excessive mucoid nasal discharge. To rule out nasopharyngeal pathology, X-ray nasopharynx (lateral view) was done. It showed a metallic FB at the nasopharynx (Fig. 2a,b). On detailed history taking, parents revealed that an earring was ingested accidentally by the child six months back where child presented with vomiting. The child was taken to a nearby hospital and consulted the doctor but the physician could not find out any FB in the oral cavity and oropharynx. Then, the physician reassured parents that FB was come out through vomiting but such event was not seen by parents and at that time not advised for any investigations for confirmations. Now after confirmation of FB, at nasopharynx, the child was posted for removal of nasopharyngeal FB under general anesthesia. Under the guidance of rigid nasal endoscopy, FB was identified at the nasopharynx. The FB could not come out trans-nasally so it was tried through mouth by help of Boyle Davis mouth gag. The FB was removed per-orally with help of a long curved tonsillar artery forcep. There was minor bleeding from the nasopharynx after removal which was then controlled easily. Postoperative period was uneventful without any evidence of further oozing from the nasopharynx. The child was discharged on the first postoperative day with antibiotics,

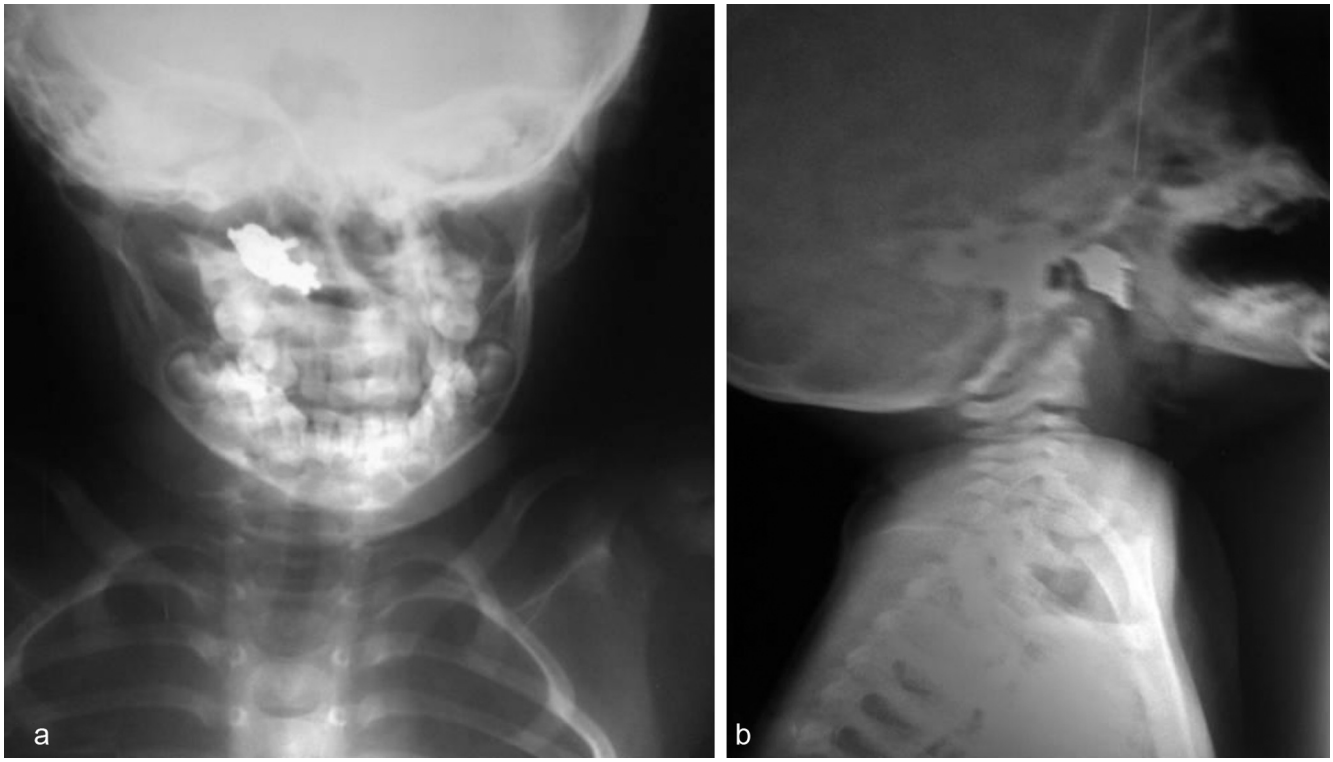

Fig. 2 – (a, b) X-ray picture showing metallic foreign body at the nasopharynx