

Nasopharyngeal Foreign Body in Young Child

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ABSTRACT- Foreign Body in commonly seen in upper aero digestive tract but are infrequently seen in nasopharynx. Reports of foreign body lodged in nasopharynx after inhalation/ingestion is rare. We present a rare case of foreign body nasopharynx with complains of respiratory distress. On examination it was observed that the child was not in distress. Initial ENT examination and chest X-ray was normal. When X-ray of nasopharynx was done, a large metal ear ring was found in nasopharynx. Diagnosis was confirmed by nasal endoscopy, immediate removal of foreign body was done under general anaesthesia.

Keyword- Nasopharynx foreign body, Foreign body, Respiratory distress , X-ray nasopharynx.

I. Case Report

A 18 month old female child presented in otorhinolaryngology OPD with history of foreign body ingestion. The boy did not have any difficulty in breathing or swallowing, however he had history of respiratory distress and one episode of vomiting soon after the ingestion of ear ring. Chest examination and X-ray were normal. An X-ray nasopharynx was taken and it showed a large foreign body—a ear ring.

The patient was taken for the removal of nsopharyngeal under general anaesthesia with oral endotracheal intubation. The metal ear ring was removed through the trans oral route under transnasal endoscopic visualisation. Post operative period was uneventful.



Fig- Lateral plain X ray of neck showing foreign body in nasopharynx

II. Discussion

Nasopharynx is a rare anatomical site for foreign body. A retained foreign body in nasopharynx can give rise to little symptoms and sign, although the consequences of disimpaction can be disastrous. An ingested foreign body can also get lodged in nasopharynx instead of larynx or bronchus or in the oesophagus. It is possible, that after ingestion due to severe cough the foreign body got lodged into nasopharynx instead of coming out of mouth.

Nasopharyngeal foreign bodies are generally asymptomatic for longer duration or may present as chronic rhinosinusitis or adenoid hypertrophy. A common presentation is bilateral nasal obstruction, purulent rhinorrhea, epistaxis or halitosis. The further hypertrophy of the lymphoid follicles due to infection may cause obstruction of Eustachian tube leading to otological symptoms such as earache, otorrhea and hearing impairment. Nasopharyngeal foreign body is difficult to be visualised by anterior rhinoscopy, flexible nasopharyngoscopy is required for the proper visualisation. Lateral radiograph aids in diagnosis.

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