

An Unusual Case of Foreign Body Whole Fish in Throat – A Case Report

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Abstract: Accidental impaction of live fish is very uncommon in pharynx. Sometimes the impaction of foreign body may be life threatening and need immediate removal. Here we report accidental impaction of Kawai fish in the oropharynx of 14 year old boy for which emergency tracheostomy was done and impacted fish was removed.

I. Introduction:

A variety of foreign bodies lodging in upper aero digestive tract is common in otolaryngological practices. Sometimes impaction of foreign bodies may be life threatening and need immediate removal. Accidental ingestion of foreign bodies and their impaction is common among children. Various kinds of foreign body impacted in throat are- fish bone, coin, meat bone, denture etc.

Various symptoms associated with impacted foreign body include- difficulty in swallowing, throat pain, neck abscess, respiratory distress e.t.c x-ray soft tissue neck AP and lateral view is essential to know the location of radiopaque foreign bodies. Sometimes CT scan is also needed in case of old impacted foreign body to know their exact location and relation to other structures.

Accidental Impaction of live fish in pharynx is rare. Reported cases of Koi fish, Reef fish, Talapia fish, *Lepomis macrochirus* were found in the oropharynx, hypopharynx or inlet of the larynx. In 1974 [1] Tarasia and Mishra reported a case of 10 cm long Todi Fish (*Macrognathus saculeatum*) in the trachea and left bronchus of a 10 year old boy. [3] Vele and Dubey has reported a case of accidental lodgement of fish in 17yr old boy. [4] Panigrahi, Sarangi and Behera has also reported cases of live fish impaction in throat.

Here we report a case of accidental impaction of Kawai also known as climbing perch [*Anabas testudineus*] fish in throat in a 14 year old boy.

Kawai fish is common in India, mainly in northern and north eastern states of India. It is a fresh water fish, found in rivers and ponds. Fish has sharp fins. In our case, because of sharp fins the fish was impacted in the mucosa of the hypopharynx, and was difficult to remove it.

II. Case Report:

A 14 year old boy was referred from the BOKO PHC near Guwahati to the Gauhati medical college, with history of accidental ingestion and impaction of a live fish. The boy is said to have caught a live fish and was showing this to his friend, then accidentally fish jumped from his hand entered into his mouth and got stuck in the throat.

There was associated difficulty in breathing, pain in the throat and inability to speak. He was continuously vomiting and vomitus was mixed with blood. Patient was looking anxious. On the examination of oropharynx tail of fish was visible. Bilateral crepitations were present over the chest which may be due to aspiration of secretions and vomitus. Air entry was also decreased bilateral side over chest but there was no obvious stridor. Patient was brought to the ENT operation theater where emergency tracheostomy was done with cuffed tracheostomy tube to prevent aspiration, in order to secure the airways. Using McIntosh laryngoscope foreign body was seen and removed using sponge holding forceps. While removing it there was minor mucosal injury of the pharynx. Patient was admitted in the ENT male ward and stat dose of inj. Dexamethasone was given and course of antibiotics was started. On the third day decanulation of tracheostomy tube was done and on 5th day stoma was closed and patient was discharged without any complications.

III. Figures:

Below is the image of Kawai fish-



Below are the images showing impacted fish being removed-



IV. Discussion:

Impaction of swallowed foreign body in the aerodigestive passages will continue to be a problem for the endoscopist as long as man has to eat to live. Foreign body impaction constitutes the commonest otolaryngological emergency. There is general agreement that young children are

vulnerable to swallow foreign body. In most reported cases [1-5] part of live fish usually the tail end was seen in oral cavity, oropharynx or laryngopharynx during physical examination. If the foreign body in the back of the throat is visible and approachable it can be removed easily and further complications can be avoided. But attempts of removal of foreign body may be dangerous, especially if it slips and drops down to inlet of larynx symptoms may aggravate quickly and be fatal. In our case the fish was in the hypopharynx. During attempts of manual removal the fish may slip and drop down into trachea and bronchus. Though radiographs are important clinical adjuncts in the identification of swallowed foreign bodies regarding its size and shape especially in radio opaque type, in our case it would give us little information about the shape and size of live fish as it was a soft tissue. Besides that no portable X-ray facilities were available and sending the patient of respiratory distress to X-ray room would be a risky decision. So we did not do radiography in our case. Besides this a quick short history from accompanying persons especially about the type of fish is crucial to predicting the site of its lodgement in the airway. Usually emergency tracheostomy is recommended to relieve respiratory distress and to secure life. In our case tracheostomy was done to secure the airways. If respiratory distress is not relieved immediately after tracheostomy, careful quick examination of lower trachea must be done to check presence of any foreign body or its part. Sometimes the only way to find and remove a foreign body is by holding its part. A whole live fish in the throat is a rare occurrence. Our experience shows that this is rare occupation hazard in this 14 year old fisher boy.

Complications of foreign body in the throat could be serious and occasionally fatal. Spillage of saliva or food residue into the chest can lead to serious chest infections as a result of foreign body in the throat. Lung Abscess and collapsed Lung as a result of foreign body has been reported. Abscesses in the Orodigestive tract can occur as a result of impaction of fish bone in the throat resulting in prevertebral, parapharyngeal or retropharyngeal abscess. Mediastinitis is a life threatening complication of oesophageal perforation following the ingestion of foreign bodies. Foreign body removal from the throat often times is an emergency procedure because of the great discomfort it has on the patient and to prevent unnecessary complication in the neck prevertebral, parapharyngeal or retropharyngeal abscess are some of the common complications. Tracheostomy may sometimes be necessary to relieve obstruction and to facilitate easy removal in cases of a rare huge foreign body, which might pose problems to the Anaesthetist. Sometimes foreign body may slip into the larynx causing distress, therefore tracheostomy is necessary as a precautionary measure.

Spontaneous expulsion is known to occur in cases of foreign body in the throat and nose because of the cough and sneezing reflex. Spontaneous expulsion of foreign body in the aerodigestive passage can either be induced by the patient or patient's relative by attempting to dislodge it by thrusting a finger into the patient's

throat to induce vomiting. Ingestion of live fish a common practice in certain parts of india to heal some respiratory ailments like asthma.

References:

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