THE CONTROVERSY OF A NEEDLE IN THE AERODIGESTIVE TRACT

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ABSTRACT

We report the case of a 22 year old male Nigerian casual worker who presented in our Accident and Emergency room with a three day history of a long needle in his left nasal cavity. Patient claimed that he was lying supine on his bed at home during the night when his elder brother shook the table beside his bed and a needle fell from the table and entered into his left nasal cavity. He made some unsuccessful attempts to remove it but rather pushed it further down the cavity. There was no history of epistaxis or difficulty with breathing and no history of previous psychiatric illness. He developed nasal pain, dysphagia and odynophagia two days later prompting him to seek medical assistance.

On physical examination, he was an apprehensive young man in painful distress, had no difficulty with breathing, afebrile and not pale or dehydrated. No foreign body seen in either the nose or throat. The oropharyngeal mucosa was hyperaemic and there was no drooling of saliva. X-ray soft tissue neck done showed a long radio-opaque foreign body in the nasal cavity extending into the oropharynx. Examination Under Anaesthesia (EUA) of the nose and throat done and the needle was not found initially but probing an oozing spot in the throat revealed the needle completely buried deep to the mucosa of the oropharynx extending into the nasal cavity and the superior extent could not be determined. It was then retrieved through the oral cavity.

Key words: controversy, needle, aerodigestive, tract

1. INTRODUCTION

Foreign Body in the aerodigestive tract are common presentations in the emergency units of hospitals. Their occurrence is commoner in the paediatric age group and it constitutes severe distress and nightmare to patients and their relatives while it is a diagnostic and therapeutic challenge to the doctors. Foreign body usually enters the aerodigestive tracts as a result of eating impatiently, contamination of food with foreign body or abnormal function of the aerodigestive tract due to disease conditions or extreme of age. Sharp and tiny foreign bodies like fish bone or pin commonly lodge at the tonsillar bed, base of tongue, the valecullae, and the piriform fossae. Common Signs include dyspnoea, dysphagia and point tenderness.(1) They cause more problems when they lodge in the narrowest regions of the airway such as the glottis or the cricopharyngeus.(2)

The usual foreign bodies in the aerodigestive tract include beads, stones, eraser, toys, peanuts. Fish bone as a foreign body in the aerodigestive tract is common in both adult and paediatric population. Sharp objects as foreign bodies are rare even in the paediatrics but some interesting cases have been reported. Fish hook and line impaction in the oesophagus was reported in a 22 year old male who swallowed fishhook with the line recently in Lokoja, Nigeria by Ogah et al.(3)

Significant improvement has been made in terms of prevention and first aid endoscopic technology, however foreign body in the aerodigestive tract still remain a diagnostic and therapeutic challenge to the emergency doctors, family physicians and the otorhinolaryngologists. Early diagnoses is the key to successful and uncomplicated management.(4)
2. CASE REPORT

We report a case of a 22-year-old male labourer with a 10cm long needle in the aerodigestive tract. He presented with a three-day history of needle in the left nasal cavity, left nasal discharge, and throat pain. Patient claimed to be lying supine on a bed near a table when his elder brother shook the table and a needle on top of the table dropped into his left nasal cavity. All efforts made to remove it proved abortive but rather pushed the needle further into the cavity. Patient subsequently developed progressive dysphagia, odynophagia, and watery rhinorrhea. There was no history of epistaxis, cough, or difficulty with breathing. No history of objects aspiration in the past or previous psychiatric illness or serious medical and surgical illnesses warranting admission or preventing him from carrying out his routine duties. He then went to a nearby hospital where he was referred to our Accident and Emergency Department.

On clinical examination, patient was found to be fully conscious, well orientated in time, place, and person with no difficulty in breathing. Not pale, afebrile, anicteric but in painful distress. The external nose appears normal, the cavities were patent, and with left-sided watery rhinorrhea. The inferior turbinates were engorged bilaterally, no masses, and the foreign body was not seen. The throat was inflamed, tonsils not enlarged, and foreign body also not seen. The ears were essentially normal and there were no cervical lymph nodes enlargement. The chest, abdomen, and central nervous systems were essentially normal.

Plain soft tissue radiograph of the neck and post nasal space showed a long thin radio-opaque object extending from the left nasal cavity into the oropharynx (fig.1). EUA nose and throat revealed a long needle lying deep to the mucous membrane of the nose and the oropharynx. The 10cm long needle was wholly extracted, and patient was transferred to the male surgical ward for post-operative care (fig.2).

Fig. 1. X-ray Postnasal space  Fig. 2. Extracted Needle

He was placed on nil per oral until reviewed, intravenous antibiotics, intramuscular analgesics and IVFs. Tetanus prophylaxis given, vital signs monitored, and Psychiatrist consultation sent. The next day, patient was re-clerked, and the history remained the same. Examination and vital signs revealed a young man that was stable clinically. He was started on fluid diet which he tolerated but the patient disappeared later that night at about 10pm with the needle and x-rays film.

3. DISCUSSION

Foreign bodies in the ear, nose, or throat are one of the frequent emergencies that the emergency doctors, family physicians, and otorhinolaryngologists attend to. The usual foreign bodies in the throat that the paediatric population comes up with includes small and smooth objects like peanuts, bean seeds, erasers, beads, toy batteries etc. In the adults, the commonly encountered foreign bodies in the aerodigestive tract are fish/chicken bones, meat, and denture. The management of foreign bodies in the throat is of immense challenge to the attending physician especially in terms of urgent diagnoses and operative/endoscopic extraction. To avoid unnecessary delay and complication doctors must maintain a high level of suspicion because a lot of patients with foreign body in the throat may initially be asymptomatic and may also not give a convincing history.
Those of us practicing in Africa are also aware that some adult males occasionally swallow some foreign bodies for spiritual reasons. They only come to seek medical help when there is impaction of such objects. Otherwise nobody will ever get to know of such things if nothing happened. In this our case, the history on the mode of ingestion is not convincing and we are reporting the case for foreign Otolaryngologists to be aware in case they find themselves working in Africa. It is interesting to note that a good number of foreign bodies, especially the smooth and roundish ones passed spontaneously through the GIT without giving any trouble. However, few may end up with complications like obstruction or perforation。(5, 6) An expedient measure to ensure very urgent diagnoses and removal in cases of sharp metallic object in the aerodigestive tract, as in this case, must be put in place because of the possibility of migration into dangerous and less accessible areas.

4. CONCLUSION

This report is to bring to the knowledge of Otorhinolaryngologists, the occurrence of this highly unusual Foreign Body in an unlikely age group in an almost impossible accident; and the need to educate people to present immediately to the ENT Clinic in the event of Foreign Body Aspiration to avoid complication by attempting removal at home.

REFERENCES