



Unusual Foreign Body in the Nasopharynx: A Rare Case at the Regional Hospital Centre of Thiès (Senegal)

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Abstract

The entrapment of an ingested foreign body in the nasopharynx is a rare occurrence that can even be unknown particularly in infants unable to relate the incident, especially since this localization is very difficult to access at the clinic. Its seriousness lies in the fact that it is dependant on a risk of asphyxiation by obstruction of the lower airways in the event of a descent of the foreign body. Radiography recognizes radio-opaque bodies and endoscopy confirms the diagnosis with certainty. Extraction is simple via the oropharyngeal route. We report the case of an entrapment of an unusual foreign body in the nasopharynx of a 10-month old infant. The attempted extraction of the foreign body with a finger, by the family, caused an impaction of the foreign body into the nasopharynx. The radiopacity of the foreign body was decisive in the diagnostic procedure. Extraction was performed with no complication at the Regional Hospital Center of Thiès (Senegal).

Keywords: Foreign Body; Nasopharynx; Oropharyngeal Route; Infant

Introduction

The presence of foreign bodies in the aero-digestive ways is common in the ENT sphere particularly among children under 2 years of age. This is primarily due to the narrowness and immaturity of these ways. The presence of foreign bodies mainly occurs among children between 1 and 3 years of age, living mostly in urban areas, with large families and parents who are poorly informed about this accidental pathology [1,2]. A foreign body ingested through the mouth, usually descends to the esophagus and the lower airways and thus rarely goes up to the nasopharynx [3]. Therefore, nasopharyngeal foreign bodies are rare and may be unknown especially among infants [1-5]. We report the case of a foreign body in the nasopharynx of a 10-month old infant in Thiès Senegal.

Case Presentation

A 10-month old baby-girl was brought to the emergencies and to the ENT department of the Regional Hospital Center of Thiès for the ingestion of an earring one hour ago. Upon interrogation the mother declared that she had been alerted by her daughter just after the ingestion of the foreign body. Faced with vomiting efforts, the mother tried with no success to extract the body with her finger. The infant had no pathological history. Upon admission, the child was irritable and had a hyper-sialorrhoea but had no other respiratory difficulty. The oropharynx was normal. At first, an X-ray of the skull and neck was requested. It showed the presence of a foreign body at the level of the nasopharynx (Figure 1). Extraction was performed with a finger under general anesthesia with a mask

after placement of a lateral mouth-opener and a tongue depressor. It was a metallic earring (Figure 2). The following suites were

simple, and the infant was discharged in the late afternoon with health educative advice for the parents.

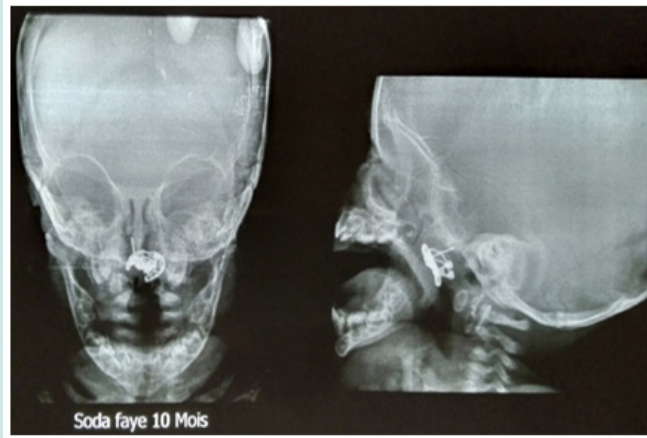


Figure 1: Frontal and lateral X-ray: anteroposterior view showing foreign body at the level of the nasopharynx.



Figure 2: Metal earring removed.

Discussion

The presence of foreign bodies in the nasopharynx is an extremely rare occurrence. In Senegal H TALL, et al. reported, in 2013, the case of a foreign body in the form of a cupboard key in the nasopharynx of a 7-month old infant [4]. Medical literature shows a pediatric population with no gender difference. Foreign bodies are ingested anteriorly through the nasal cavities or posteriorly after coughing or vomiting efforts of an ingested or aspired foreign body. This occurrence is mainly encountered among patients with cleft palate or after traumatic ingestion. More rarely a compress can be forgotten in the nasopharynx after an adenoidectomy [1,4].

The clinical manifestation depends on the localization, duration of stay as well as the nature of the foreign body: epistaxis of variable abundance, nasal obstruction, bilateral purulent rhinorrhea, and persistent coughing [4]. X-ray most often makes the diagnosis, as was the case with our patient. Therefore, imaging is decisive in the exploration of the presence of foreign bodies. The nasopharyngeal

seat is not always mentioned, and emergency exploration mainly include a tele-thorax and an X-ray of the abdomen without preparation (digestive foreign bodies). If these examinations are negative and in the event of a presence of a radiopaque foreign body, then a side view of the skull is systematic. For some authors the CT scan finds an indication in radiolucent foreign bodies [4].

The extraction is usually performed under general anesthesia with oro-tracheal intubation [2,5]. The head is placed in the Rose position and a mouth-opener helps expose the oropharynx. Retraction of the soft palate above and anteriorly exposes the foreign body usually extracted with pliers. Some authors prefer using a Nelaton probe to retract the veil or to push the foreign body towards the oropharynx, thus, making it easier to extract. Extraction under endoscopic control is certainly an effective and elegant way (by anterior or retrovelar route depending on the size and shape of the foreign body). Oropharyngeal packing is sometimes recommended to avoid slipping of the foreign body into the digestive tract [2,3]. In our case, we extracted the foreign body

under general anesthesia with mask because of the unavailability of a rigid endoscope at the ENT Department.

Conclusion

Foreign bodies of the nasopharynx are extremely rare. This fact must be considered in the event of an ingestion of a foreign body by a child. If they are suspected, then radiographic and endoscopic examinations should be performed. The seriousness of the condition should make parents more vigilant and cautious.

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