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Case Report

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An unusual foreign body lodged in cricopharynx of one year old child- a rare case report

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Abstract

Foreign body ingestion is common in children, but can be seen among adults also. Most common foreign bodies in children are coins, but marbles, button, batteries, safety pins and bottle tops are also reported. The best method of removing impacted foreign body remain controversial. Rigid endoscopic removal of foreign body is safe and effective, but requires General anaesthesia. The flexible fibreoptic endoscopic removal, which can be done under LA in outpatient department has gained great popularity over the past decade. One year old female child came with history of accidental ingestion of unknown foreign body since one day. child is asymptomatic and taking breast feeding, on clinical examination child is stable. On radiological study, antero-posterior and lateral view for soft tissue neck shows a flat surfaced metallic foreign body in lateral and antero -posterior view showed a hair pin bend foreign body at the level of 4,5 and 6 cervical vertebrae. Under GA and under high risk, rigid oesophagoscopy was planned and proceeded. A uncuffed endotracheal tube inserted with throat pack around it. Negus Rigid Oesophagoscope of paediatric size used. Oesophagoscope is reinserted for re-examination of foreign body impaction and any erosion of mucosa or perforation or any other second foreign body. The procedure went uneventfully and the patient shifted with Ryle's tube in-situ to paediatric ICU and discharged after 2 days.

Keywords: Foreign body, Oesophagoscope, Endotracheal tube, Rigid endoscopy.

Introduction

Foreign body ingestion is common in children, but can be seen among adults also.[1] Foreign body is ingested accidentally but occasionally homicidal or suicidal. Most common foreign bodies in children are coins, but marbles, button, batteries, safety pins and bottle tops are also reported.[2-4] Foreign bodies which have gone beyond the oesophagus will pass uneventfully through intestinal tract in70-80% cases. The level at which progress is impeded are pylorus, duodenum, duodenojejunoflexure etc,. Radiological localization is mandatory for decision making regarding the removal.[5]

Smooth foreign bodies do not pose much threat but may cause airway obstruction due to oedema. Sharp foreign bodies, if not retrieved at the earliest may penetrate oesophageal wall and cause complications and urgent intervention is required for sharp foreign bodies like, chicken bone, safety pin, fish bones.[2, 4] The best method of removing impacted foreign body remain controversial. Rigid endoscopic removal of foreign body is safe and effective, but requires General anaesthesia.[6] The flexible fibreoptic endoscopic removal, which can be done under LA in outpatient department has gained great popularity over the past decade.

Case Report

One year old female child came with history of accidental ingestion of unknown foreign body since one day. child is asymptomatic and taking breast feeding, on clinical examination child is stable. on radiological study, antero-posterior and lateral view for soft tissue neck shows a flat surfaced metallic foreign body in lateral and antero -posterior view (figure 1 and 2) shows

a hair pin bend foreign body at the level of 4,5 and 6 cervical vertebrae.

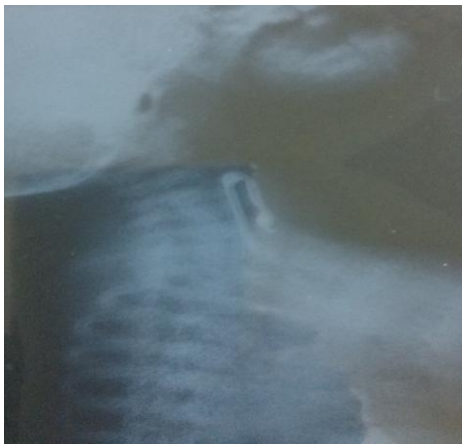

Figure1: X-ray neck lateral view

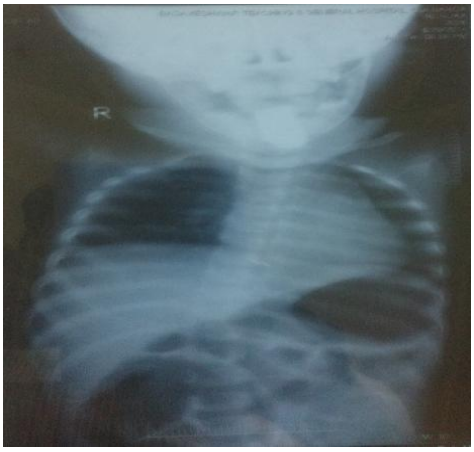

Figure 2: X-ray neck A.P.view flat surface

Procedure Planned

Under GA and under high risk, rigid oesophagoscopy planned and proceeded. A uncuffed endotracheal tube inserted with throat pack around it. Negus Rigid Oesophagoscope of paediatric size used. With different size and shaped foreign body holding forceps used (figure 3).

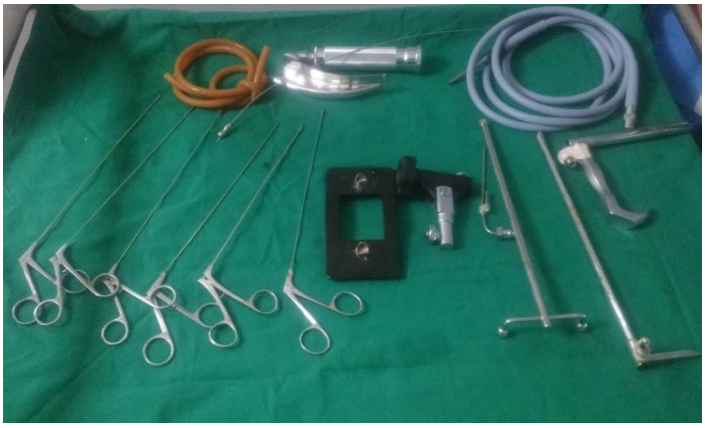

Figure 3: Set of instruments used for esophagoscopy

On insertion of oesophangoscope a suctioning did at the level of cricopharyngeal area, a smooth metallic substance is seen which was slippery in nature for which different foreign body holding forceps tried. But with adult crocodile holding forceps the slipping foreign body was firmly held and removed along with the oesophagoscope the foreign body is a metallic book holding clip(figure 4 -7).

Figure 4: Foreign body front view (metallic clip)

Figure 5: Foreign body back view (metallic clip)

Figure 6: Foreign body left lateral view (metallic clip)

Figure 7: Foreign body left lateral view (metallic clip)

Oesophagoscope is reinserted for re-examination of foreign body impaction and any erosion of mucosa or perforation or any other second foreign body. The procedure went uneventfully and the patient shifted with Ryle's tube in-situ to paediatric ICU and discharged after 2 days.

Discussion

Foreign body impaction in upper digestive tract has been problem since long time. Foreign body ingestion often require endoscopic removal but occasionally foreign body may pass through the whole gut without creating any problem to the patients. Foreign bodies less than 2.5 cm in diameter and/or<5 cm in length usually pass through whole gut. However any foreign body which is large or sharp may be impacted. Rarely foreign bodies which are not large may be impacted in oesophagus in cases of strictures and smooth muscle spasm.[7]

The common sites of impaction of foreign bodies in oesophagus are post cricoid region, level of aortic arch, left main bronchus and diaphragm. There is one more site of impaction especially in cases of flat objects like coin at the level of T1 i.e. thoracic inlet. Blunt foreign bodies can be removed safely from oesophagus without any major complications.[3] However they cause erosions if present for a long time . Rigid oesophagoscope is routinely used as an effective tool to remove foreign body. In recent years alternate techniques have

been advocated for removal of blunt foreign bodies. The most popular alternate method is the use of Foley's catheter to extract foreign body under fluoroscopy.[8] Another method is pushing the foreign body into the stomach with a bougie.[9]

Conclusion

Foreign body in upper digestive tract is one of the commonest emergency in children due to which urgent intervention is required. This case is rare and unusual because age wise it is uncommon; mean age being 2-6 yrs and coins being most commonly reported. Non availability of clear history, lack of characteristic clinical and radiological features, size too big for that age group, being other factors.

In infant age group they are accidentally put by their siblings and possibility of negligence/homicidal attempt for unwanted female child in low socioeconomic group cannot be ignored in our case. Such cases need to be registered as medicolegal case /not? The most common foreign bodies in children are blunt. Sharp foreign bodies are frequently associated with serious complications like - retropharyngeal abscess due to delay in presentation. So foreign body must be removed at the earliest. Rigid endoscopy is very effective and safe procedure for foreign body removal.

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