

Rare foreign body in postcricoid region: a case report

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Received March 24, 2015. Accepted April 8, 2015

Abstract

Foreign body in postcricoid region is a common occurrence. We report a case of 18-year-old woman presented with complaints of odynophagia, dysphonia, and throat pain with history of foreign body ingestion, that is, glass piece, accidentally, which is a rare entity. The foreign body, that is, glass of size $3.4 \times 1.3 \times 0.2$ cm with sharp pointed ends, was later removed by rigid esophagoscopy and forceps.

KEY WORDS: Foreign body, glass piece, postcricoid region, rare

Introduction

Impacted foreign bodies in the esophagus and trachea are a common occurrence in the adult population, with patients often presenting with a variety of vague symptoms.^[1,2]

At times, it becomes difficult to actually locate the size of foreign body, and a medical personnel has to completely rely on history narrated by patient or caretakers. But it is a common observation that history given by them regarding foreign body ingestion or inhalation should be trusted on and adequate investigations followed by thorough treatment should be done.

Case Report

We report a case of 18-year-old woman who presented to Department of ENT, Shyam Shah Medical College, Rewa, Madhya Pradesh, India, with the symptoms of odynophagia, dysphonia, and throat pain since 4 h. No respiratory distress was present. As per patient, she was apparently alright and sitting comfortably at home. Then she accidentally ingested unknown foreign body while she was

drinking water. She later felt pain in throat and realized that foreign body was present in her drinking water. The foreign body moved further inside while she tried to remove it with her hand. The patient presented in emergency ward and was later referred to ENT department for further diagnosis and management. The detailed history was elicited and meticulous examination was done. Patient was anxious and frightened.

On careful examination, no respiratory distress or external swelling was present. There was no emphysema or change in voice. On auscultation air entry was bilaterally equal with no signs of cyanosis or adventitious sound. Intraoral examination showed pooling of saliva in oral cavity. The soft-tissue radiograph of neck lateral view showed foreign body in postcricoid region at the level of fourth cervical vertebra (C4) [Figure 1]. The dimensions and extent of depth were not known, which led to a state of uncertainty. Under general anesthesia, rigid esophagoscope was inserted and glass piece was seen in postcricoid region. The foreign body was held with forceps and then removed carefully avoiding damage to surrounding structures. No intraoperative complications were seen. The retrieved foreign body was of size $3.4 \times 1.3 \times 0.2$ cm with pointed ends and triangular in shape [Figure 2].

The patient was then kept under observation under antibiotic and analgesic cover. Postoperative event was uneventful. The patient was stable and discharged later on with adequate medical advice.

Discussion

Foreign bodies in aerodigestive tract is a common occurrence and needs to be handled carefully with prompt

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Website: <http://www.ijmsph.com>

DOI: 10.5455/ijmsph.2015.24032015243

Quick Response Code:





Figure 1: Foreign body in soft-tissue neck lateral view radiograph.



Figure 2: Retrieved foreign body.

management by skilled and experienced hands to avoid disastrous consequences. A foreign body impacted in the esophagus requires immediate attention and treatment.

Smooth foreign bodies do not pose much threat but may cause airway obstruction. Sharp foreign bodies, if not retrieved at the earliest, may penetrate esophageal wall and cause complications. So, aggressive approach is required for sharp foreign bodies, such as chicken bone, safety pin, and fish bones.^[3,4] In the present case, the foreign body was sharp with pointed ends but there were no signs of perforation of esophageal wall.

The postcricoid region is the site of impaction of foreign bodies in 84% of the subjects. Impaction of a bolus of food in the distal esophagus in adults is frequently related to pre-existing stricture, diverticulum, or tumor.^[5] Similarly in the present case, the foreign body was found lodged in postcricoid region.

Radiographs of neck anteroposterior and lateral view soft should be performed in cases of foreign body ingestion or inhalation wherever possible. Lateral neck radiographs or computed tomographic imaging should be considered to identify air in the retropharyngeal area.^[6] The foreign body was clearly demarcated in lateral view of soft-tissue neck at the level of fourth cervical vertebra (C4).

Foreign body in the esophagus is a serious condition and early removal by rigid esophagoscopy is recommended, which is a safe and effective procedure. The other modalities of treatment involve removal with a laryngoscope in case of foreign bodies impacted in the pharynx, hypopharyngoscope for hypopharyngeal foreign bodies, and less easily foreign bodies are removed using a flexible esophagoscope.^[7] In the present case, rigid esophagoscopy was performed under general anesthesia and foreign body removal was performed with forceps.

Conclusions

All foreign body cases should be diagnosed timely to provide prompt management and to avoid undue complications. When the object is sharp and long, or if there are signs of esophageal obstruction, urgent and sometimes emergent intervention to remove a foreign body should be done.

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How to cite this article: Gupta R, Agrawal A. Rare foreign body in postcricoid region: a case report. *Int J Med Sci Public Health* 2015;4:1312-1314

Source of Support: Nil, **Conflict of Interest:** None declared.