

# RARE PRESENTATION OF NEGLECTED FOREIGN BODY NASOPHARYNX WITH PALATAL PERFORATION: CASE REPORT

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## ABSTRACT

### INTRODUCTION

Ingested foreign (FB) body to get lodged in the nasopharynx is a rare entity as the direction of movement is against gravity [1]. Upper aerodigestive tract may harbour foreign bodies due to accidental insertion, inhalation or ingestion. These objects may go undetected for days, weeks or months with minor or no symptoms.

### MATERIAL AND METHOD

We report an unusual case of a nasopharyngeal foreign body in a 3 year old girl which was visualized through a perforation in the soft palate with a history of coin ingestion 6 months back, on X-ray it was confirmed to be in nasopharynx (Fig.1) and was removed immediately.

### CONCLUSION

we come to the conclusion that examination of nasopharynx and radiological evaluation is necessary in cases of missing suspected foreign bodies in aero digestive tract. Immediate removal is indicated, because if ignored for long duration might lead to complications.

**Keywords:** nasopharynx, foreign body, aerodigestive tract.

### INTRODUCTION

A foreign body (FB) is any object in a region it is not meant to be, where it can cause harm by its pressure over local tissue or by local immune reaction if immediate medical attention is not

sought [2]. FBs are common in young children, this may be due to factors such as curiosity to explore orifices, imitation, boredom, playing, mental retardation, insanity, and attention deficit hyperactivity disorder [3]. The fate of the ingested foreign body is that either it can pass further down the aero digestive tract or expelled by cough or can get stuck at the narrow parts of the upper aero-digestive tracts [4]. Impaction of the FB in the nasopharynx may result due to failed attempt in removing it or due to dislodgement of the FB from initial site of impaction by vomiting, coughing or manipulation.

**Fig. 1**



### CASE PRESENTATION

A 3-year-old girl presented to the ENT outpatients' clinic of MRA Medical College Ambedkar Nagar with complaint of something seen through the soft palate (Fig.2) along with a history of long-standing nasal blockage with discharge, foul smell from nose, change in voice and regurgitation through nose. Patient was

taken to several general practitioners over the period of 6 months, radiological evaluation of chest and abdomen was done 3-4 times but missed to examine and investigate nasopharynx.

The informant being the mother of the child reported that there was a history of ingestion of foreign body (coin) 6 months back which was manipulated at home, efforts were made to remove the coin, manipulating it towards the nasopharynx.

On examination there was a perforation in the soft palate and the rim of the coin was visible.

On anterior rhinoscopy, no foreign body was visualized, there was foul smelling mucopurulent discharge present.

X-ray soft tissue nasopharynx lateral view was done which confirmed the presence of a radiopaque foreign body (coin) in nasopharynx in antero-posterior direction. No further manipulation was done and immediate decision was taken to remove the FB under GA.

Intra-operatively on Diagnostic nasal endoscopy during 1st pass, a metallic foreign body coin was found lodged in adenoid tissue at roof of nasopharynx surrounded with granulation tissue anteroinferiorly pressing soft palate and trans orally rim of the coin was visible through the palatal perforation. The coin was pushed through the nasal cavity with the help of angled forceps into the oropharynx and removed transorally and palatal perforation was repaired by suturing after removing the epithelialized margins.

The postoperative period was uneventful and there were no post operative complications.

## DISCUSSION

FB lodging in the nasopharynx can occur through regurgitation following vomiting or forceful coughing, there have been cases reported, that digital manipulation in an attempt to remove the object can lead to lodging in the nasopharynx [5]. It is suggested that if swallowed foreign bodies could not be found anywhere, nasopharynx should be examined [6] [7]. Complications may

arise due to the foreign body, it can cause bleeding, pulmonary complications, retropharyngeal abscess and localized infection. Complication rates of 12.6% in adults and 4.6% in children has been reported by Singh B et al. [8] and in their study, pulmonary complications was most common in children and retropharyngeal abscess in adults, which was mostly due to sharp objects [8]. If a foreign body in the upper airway and digestive tract is suspected, endoscopic and radiological examination should be promptly performed. Symptoms of change in voice, nasal regurgitation with difficulty in swallowing and clinical signs are very important. In addition to X-ray of the chest, neck with X-ray skull lateral view including nasopharynx is important radiological investigation as X-rays are usually diagnostic for radiopaque foreign bodies [9]. From the discussion of the above case and review of previous literature we come to the conclusion that examination of nasopharynx and radiological evaluation is necessary in cases of missing suspected foreign bodies in aero digestive tract. Immediate removal is indicated, because if ignored for long duration might lead to complications.

## REFERENCES

1. Satheesh Bhandary, Biniyam Kolathingal, Vadish Bhat, Balakrishna Padubidri Srinivas (2011) Common Foreign Body, Unusual Site. *Otolaryngology Head and Neck Surgery* 145(6):1060-1061.
2. Sarkar S, Roychoudhury A, Roychoudhuri BK. Foreign bodies in ENT in a teaching hospital in Eastern India. *Indian J Otolaryngol Head Neck Surg* 2010;62(2):118-120.
3. Shrestha I, Shrestha BL, Amatya RCM. Analysis of ear, nose and throat foreign bodies in Dhulikhel hospital. *Kathmandu Univ Med J (KUMJ)* 2012;10(38):4-8.
4. Jagdish Kumar (2011) Nasopharyngeal Foreign Body in a Young Child. *Indian J Otolaryngol Head Neck Surg* 63(3): 285-286.

5. Bhandary SK, Kolathingal B, Bhat VS, et al. Common foreign body, unusual site. Otolaryngol Head Neck Surg 2011;145:1060.
6. Parker AJ, Bingham BJ, Osborne JE. Swallowed foreign body: Is it in the nasopharynx. Postgrad Med J 1988;2013 :201–3.
7. Oysu C, Yilmaz HB, Sahin AA, et al. Marble impaction in nasopharynx following oral ingestion. Eur Arch Otorhinolaryngol 2003;2013:522–3.
8. B Singh, EL Gady Har, M Kantu, FE Lucente. Complications associated with 327 foreign bodies of the pharynx, larynx and esophagus. Ann OtolRhinolLaryngol. 1997; 106 :301–04.
9. Baldwin CJ, Majumder S. A technique to localize the radio-opaque foreign body. PlastReconstr Surg 2005;2013:1804.



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