

Unusual Foreign Body – Thread in the Throat

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Abstract: Foreign bodies are commonly found in Otorhinolaryngology practice. Typically, they can get stuck in the ear, nose or throat. It is well known that certain kinds of foreign body scenarios are common with certain objects and in certain age groups. It is also known that foreign bodies can occur following normal day to day activities. However, many unusual and unlikely objects can end up as foreign bodies in the ear nose and throat in unlikely situations. We report an unusual case of a thread that got hooked in the throat of a 3-year old girl and had to be removed under general anaesthesia.

Keywords: Unusual foreign body, Ear, Nose, Throat, Thread in the throat.

INTRODUCTION

Foreign bodies commonly get retained or stuck in various parts of the ear, nose and throat. They are most commonly found in children who delight in placing objects in their mouths, ears, and nostrils while exploring the world and their bodies and then have the foreign bodies get stuck in these orifices. Ear nose and throat foreign bodies are also common in adults especially associated with various normal day to day activities including eating and with mental illness.

Various objects are implicated and generally, some objects are known to be common in some age groups and localities. However, from time to time patients present with unusual foreign bodies. We here present a case of a child who had a piece of thread stuck in the throat and could not be pulled out despite several attempts at home or by other health professionals that she had seen before we saw her.

CASE REPORT

A 3-year-old girl presented at our Children's Emergency Unit with her mother on account of having a strand of thread stuck in the throat for about 24 hours. An attempt had been made by the doctors in the Children's Emergency Unit department to remove the thread with the child sedated but it had not been successful and so the child was referred to ENT.

According to the mother, the child had been playing with the strand of thread in her mouth and then called for her attention when she could not remove the thread from her mouth. All efforts made at home to pull it out had not been successful. They had also been to a clinic where attempts to remove by health personnel with the child sedated had also proven abortive.

On examination, we found a 14kg active girl in good general condition. Her vital signs were normal. She had a long thread dangling out of the mouth. Examination of the mouth showed the thread going

down into the throat which could not be dislodged by gentle traction. We could not see the end of the thread. No other abnormalities were found and no other foreign bodies were detected elsewhere in the ear, nose and throat.

After review, we made a decision to do an examination under anaesthesia of the mouth and pharynx to remove the foreign body. At pharyngoscopy under anaesthesia, we found that the end of the thread was entangled around hypertrophied lingual tonsils at left lateral side of the base of the tongue. Careful removal of the shiny silk thread was subsequently undertaken. The procedure was otherwise uneventful. The child recovered well and was discharged the same day. At review two weeks later, she was found to be healthy.

DISCUSSION

There are several reports of unusual ear nose and throat foreign bodies in literature. However, to the best of our knowledge, this is the first report of a sewing thread getting hooked in throat. It is a most interesting clinical scenario as one would not normally expect such a flimsy material, neither bulky nor possessing a sharp edge to get stuck in the throat. This most unlikely foreign body was found wound around a hypertrophied lingual tonsil, hence the difficulty in extracting the thread by normal means. The case showcases the fact that not only can unusual and

unlikely objects and materials be found as foreign bodies in the throat, the means of retention may also be unusual.

Foreign bodies are common in ENT Practice. Generally speaking they are more common in children. It is commonly said that the most common foreign body in children in a particular environment is likely to be the most common toy in that environment, the so-called "commonest toy theory" of obscure origin. This is because toys constitute a large proportion of throat foreign bodies in children. Coins in the throat are also common foreign bodies as they are often used to pacify children in many cultures.

In the ears specifically, foreign bodies are more common in children (usually small objects like doll accessories, beads, batteries, erasers, crayons, stones, and folded paper and seeds) with most of those in adults being cotton earbuds used in self-ear-cleaning and unusual interesting foreign bodies like insects (majority of which are cockroaches) and foreign bodies inserted by patients with mental illness [1-4]. As in the ears, foreign bodies in the nose are more common in children and rarely seen in adults with the range of objects being similar to those found in the ears [5]. Particular mention needs to be made of the unilateral foul-smelling nasal discharge in a child which would usually indicate that there is a foreign body in that nostril. While throat foreign bodies are also common in children, they are also commonly encountered in adults occurring during normal day to day activities. Examples are fish bones, food boluses and dentures. Fish bones are the most common throat foreign bodies in adults [6].

Several unusual and interesting foreign bodies have been reported in literature. Perhaps the most interesting is a case in which a patient actually swallowed the hook, line and sinker of a fishing line and got the hook stuck in his pyriform fossa. Other unusual and interesting foreign bodies reported by the same article include a frond from a Christmas tree in the nose, a spider which crawled out of its own volition after oil was introduced into the ear to kill it, "krazy glue" mistaken for ear drops accidentally instilled in the ear, nasal splints forgotten in the nose after nasal surgery, a whole toy baby doll, a piece of fractured nasal bone found in the larynx six weeks after intubation for facial fractures, a whistle in the bronchus and three coins in the oesophagus [7]. Other interesting foreign bodies that have been reported include a local cigarette stub in the ear of a psychiatric patient [4], a razor blade drunk up with water by a barber [6], a band around the uvula of a patient who had undergone banding for oesophageal caprices [6], a live fish in the nose and nasopharynx mimicking an antro-choanal polyp [5], whole fish in the throat [8,9], a pencil tip that had been stuck in an ear for 15 years [10] and an asymptomatic pin embedded in the external auditory meatus [11].

In conclusion, it is well known that certain kinds of foreign body scenarios are common with certain objects and in certain age groups. It is also known that foreign bodies can occur following normal day to day activities. However, many unusual and unlikely objects can end up as foreign bodies in the ear nose and throat in unlikely situations, and the list is increasing

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