

## Using the Lips as an Auxiliary Hand – Event Mechanism for Many Throat Foreign Bodies

Adedayo O. Olaosun, James E. Tobih\*

Department of Otorhinolaryngology Head and Neck Surgery, LAUTECH Teaching Hospital, Osogbo - Osun State, Nigeria

**\*Corresponding author**

*James E, Tobih*

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**Abstract:** The practice of using the lips as an auxiliary hand is common. Despite its utility however, the habit is potentially dangerous as the objects being held by the lips can easily get displaced into the throat and may get stuck in the upper aerodigestive tract. Scenarios in which this happen are frequently encountered in patients who present with foreign bodies in the throat but unfortunately much attention has not been paid to discouraging the habit. We report a case in which a pin which was held in the mouth ended being aspirated into the airway. The report showcases the habit of using the lips as an auxiliary hand as a common event leading to foreign bodies getting stuck in the throat and recommends that people be educated to avoid the habit of using the lips as an auxiliary hand particularly with small objects that can get lodged in the throat.

**Keywords:** auxiliary hand, foreign bodies , throat, airway aspirated.

### INTRODUCTION

Foreign bodies in the throat are common emergencies in Otolaryngology. There are several ways by which they occur. Well-known mechanisms recorded in literature include objects getting stuck in the throats of children, who have poorly developed oropharyngeal reflexes, while exploring the environment with their mouths during the “Freudian oral phase of psychosexual

development”, adults mistakenly getting objects stuck while eating and drinking, and mental health patients intentionally swallowing objects that end up getting stuck in their throats. This case report showcases the common habit of using the lips as an auxiliary hand as another event mechanism for foreign bodies in the throat and urges education about the associated risk of getting foreign bodies stuck in the throat and the need to avoid using the lips as an auxiliary limb.

### CASE REPORT

A fourteen-year-old female was referred from the paediatric emergency with a history of having swallowed a headscarf pin a couple of hours before presentation. She felt that the pin was still in her throat as she still had pain, itching and a feeling of something hanging in the throat.

She had been holding a headscarf pin in-between her lips whilst adjusting her headscarf with her hands. Unfortunately, while the pin was still in her lips she laughed in response to a comment, and the pin ended up going through her mouth into her throat. This

was followed by a feeling of choking on the pin and bouts of coughing. After a few bouts of coughing, and swallowing multiple times, she felt better and the feeling of choking eased. However, the pain at the back of the throat persisted.

On examination, she was calm and haemodynamically stable. There were no features suggestive of airway compromise. There was no drooling or subcutaneous emphysema. There was no foreign body visible in the oropharynx. A flexible nasal endoscopy was attempted but aborted as the patient could not tolerate it.

Subsequently, following a chest x-ray and a lateral soft tissue neck x-ray (Figure 1), the foreign body was found to be located in the trachea just proximal to the carina. However, repeat x-rays done just before she was taken to theatre for bronchoscopy to remove the pin revealed that the pin was in the abdomen (Figure 2) – she had coughed the pin up and swallowed it! She was subsequently referred to the General surgical service.



**Fig-1: Lateral Soft tissue neck X-ray showing pin in the trachea**



**Fig-2: Abdominal X-ray showing pin in the abdomen**

## DISCUSSION

While there are several interesting aspects of this case, this report is written to highlight the mechanism by which this foreign body incident occurred: the practice of using the lips as an auxiliary hand to hold objects. A thorough search of literature did not reveal publications specifically highlighting and discussing this particular event mechanism for foreign bodies in the throat. There are also only a few papers reporting foreign bodies in the throat occurring with this event mechanism.

Foreign bodies in the throat are common emergencies in Otolaryngology [1]. They are found across all age groups, and people groups. A look at the different groups affected helps to understand the various event mechanisms that are often involved. Foreign bodies commonly get stuck in the throat of children [2] especially below the age of 18 months because during this stage of life they are said to be in the “Freudian oral phase of psychosexual development” during which they explore their environment with their mouths [3]. They are constantly putting objects in their mouths and because they have poorly coordinated oropharyngeal reflexes, the objects often end up getting

stuck in their throats. The most common foreign bodies in children are coins, marbles, buttons and batteries [1,2].

In adults, other mechanisms are involved, most of them occurring in conjunction with normal daily activities. Foreign bodies can get stuck in the throat while eating or drinking. Examples of objects that can get stuck in the throat in this manner are fish or chicken bones, dentures, food boluses and bottle tops. Fish bones are reported to be the most common throat foreign bodies in adults [4]. Unusual objects like whole kola nuts and razors getting stuck in the throat while eating or drinking have also been described [5]. In adults, pre-existing strictures must be ruled out especially if repeated impactions occur. Mental illness is another reason for finding foreign bodies in the throats of adults [6]. Patients with some types of mental illness like schizophrenia have been known to intentionally swallow foreign bodies, and dangerous objects like batteries can be involved.

This case report on the practice of using the lips as an auxiliary hand to hold objects emphasizes yet another mechanism that is common in adults. This

practice is so common that it can be said that almost everyone has at one time or the other, some more commonly than others, used the lips as an auxiliary hand to hold objects especially when both arms are busy. The immediate precipitant of getting the object in the throat is usually some distraction or unintentional jostling of the individual and the object gets displaced into the mouth and then pass on into the throat as the individual is usually caught unawares. As is seen in our case report, the habit is potentially dangerous as the object may end up in the airway and immediately threaten life. Even when the object does not lodge in the airway and gets stuck on the pharynx or oesophagus or even gets into the it remains dangerous if not properly managed.

In a paper on unusual foreign bodies in the ear nose and throat, a most interesting case showcasing a variant of this mechanism is reported in which an adolescent who had been on a fishing trip had swallowed all of a fishing line, hook line and sinker. While returning from fishing in a car, he had wanted to take apart his fishing tackle and cut the line. But because he didn't have a scissors or knife, he put the lead sinker in his mouth and used his teeth to try to cut it off the fishing line. The car hit a bump and jolted him and he swallowed the sinker. He got the fish hook stuck in his piriform sinus, the sinker was in his proximal oesophagus, and the line was coming out of his mouth [7]. In this case the patient was using the teeth as a tool.

In conclusion, the practice of using the lips as an auxiliary hand is a common. Up to now not much is written in literature about this habit as a factor in throat foreign bodies. Yet since it so common, it deserves special attention as it is a potentially dangerous habit. The object being held by the lips can easily get displaced into the throat and may get stuck in the upper aero-digestive tract. This can be followed by other dangerous and life-threatening complications such as oesophageal perforations and mediastinitis. There is thus a need to draw more attention to these dangers and educate people to avoid the habit of using the lips as an auxiliary hand particularly with small objects that can get lodged in the throat.

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