

An Unusual Case of Live Fish Impaction in Hypopharynx in an Infant

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Abstract

Case Report

A rare presentation of hypopharyngeal foreign body with airway obstruction in an infant was presented at the Scientific and Clinical Society meet at Srinivas Institute of Medical Sciences & Research Centre, Mukka, Surathkal, Karnataka on 22nd May, 2013.

Keywords: Hypopharyngeal foreign body, Airway obstruction, Infant, Sole fish ingestion, Direct laryngoscopy.

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INTRODUCTION

Majority of foreign body ingestions occur in the paediatric population, with a peak incidence between the age of 6 months and 6 years [1-4]. Its presentation varies widely from sudden death due to respiratory obstruction to accidental finding during routine investigations.

Live whole fish aspiration in the hypopharynx of an infant is accidental and rare. Here a successful management of airway obstruction in a 4-month-old baby due to an hypopharyngeal live fish is reported.

CASE REPORT

A 4-month-old female infant was brought to the emergency room by parents with sudden onset of difficulty in breathing. Further history revealed accidental ingestion of whole live fish given as part of "bathini fish medicine" used for treatment of asthma by the baby's aunt at home. Incidentally this was witnessed by the parents. Multiple attempts were made at home with finger sweep technique to remove the fish.

On examination, the baby was afebrile, acyanosed, irritable, crying with a muffled voice, heart rate was 160/min, respiratory rate was 35/min with increased breathing efforts and oxygen saturation was 95%. There was no stridor. Further examination revealed blood stained nasal and oral secretions, bilateral decreased air entry with conducted sounds and tachycardia. Oral examination revealed a blackish grey flat foreign body plastered to the posterior pharyngeal wall.

Intravenous line was secured and with consent, child was immediately shifted to the operation theatre after investigations for emergency direct laryngoscopy and removal of foreign body. Preoxygenation was done by holding a face mask. Child was sedated intravenously. Examination in the operation theatre revealed the tail of the fish behind the soft palate and the head end was impacted at the postcricoid region obscuring the view of the laryngeal inlet. Intubation was not possible since the laryngeal inlet was obstructed by the fish.

The body of the fish was clamped with Magill's forceps after dislodgement of the fish's tail from the nasopharynx. The whole fish (A blackish grey coloured Sole fish) measuring 9 inch/ 4 inch was removed with gentle manipulation. The fish was slippery and had scales and sharp fins. Patient was then intubated. Chest movements improved with good air entry on auscultation. Post removal of foreign body, vitals were stable. Direct laryngoscopy was done. There was severe oedema of the postcricoid region with mucosal lacerations and the hypopharynx appeared roomy. Vocal cords were normal. Ryles tube was inserted.

After recovery from anaesthesia the patient was shifted to the paediatric intensive care unit and put on I.V antibiotics, steroids and analgesics. Chest Xray was taken to rule out aspiration. Child responded well to treatment and was discharged following complete recovery.

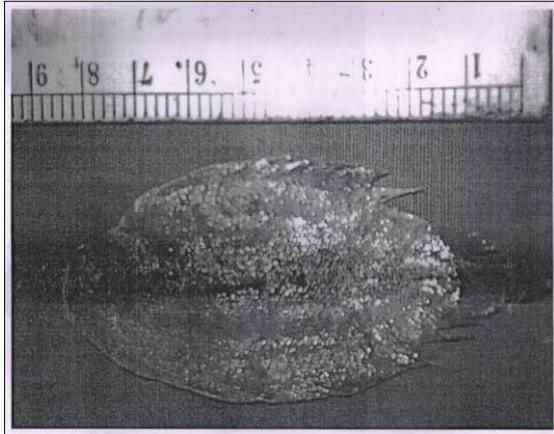


Figure 1: The whole fish (A blackish grey coloured, Sole fish) measuring 9 inch / 4 inch was removed

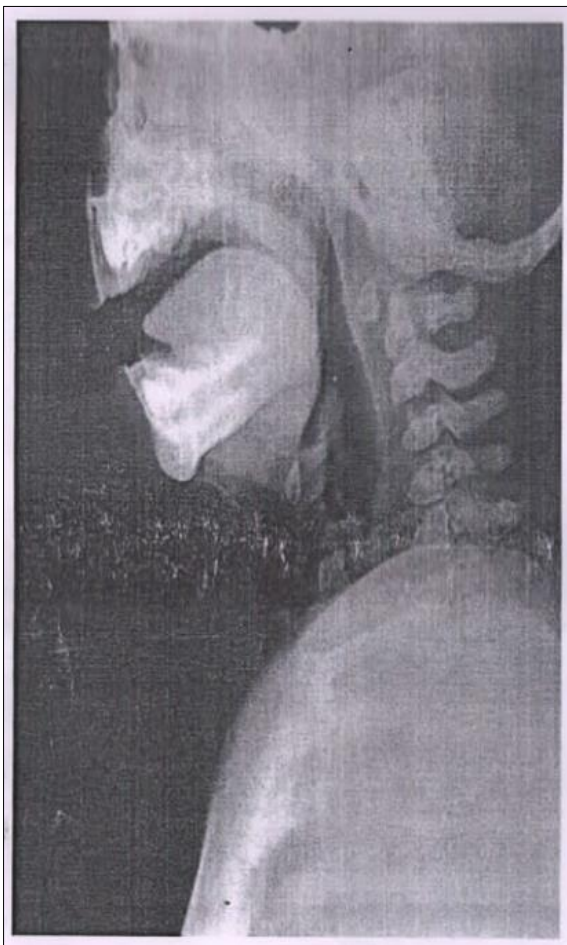


Figure 2: Lateral view of neck showed a roomy hypopharynx

DISCUSSION

Incidence of foreign body ingestion is usually greatest in children aged 6 months to 6 years [1,2,3,4]. Foreign body ingestion, aspiration and impaction are commonly reported in the upper airway, lower airway and oesophagus but their type, size and presentations are variable. Foreign body ingestion and impaction in the oropharynx are rarely reported since in most cases they

are easily seen and removed by a finger sweep method or by using Magill's for [5-7]. Whole impaction is very uncommon presentation in children. Accidental ingestion of whole fish in any age is a life-threatening emergency [7]. Occasionally, younger children may be "fed" foreign bodies by older children [8].

Accidental ingestion of whole fish in infants is a life-threatening emergency. If the size of fish is big, it can cause suffocation, choking and death before reaching the hospital. It is hypothesized that in the presence of inadequate swallowing reflex, failure of laryngeal closure reflex predisposes the paediatric patient to foreign body aspiration [8]. Sharp fins and scales presents difficulty in removal of an impacted fish. Dislodgement during difficult removal can cause complete airway obstruction and requires urgent securing of the airway by surgical methods [6].

Aggarwal *et al.*, [9] reported success in removal of impacted fish from the hypopharynx of the infant of the fisherman's family under general anaesthesia. Subramanian *et al.*, [7] made an attempt to remove impacted fish by Magill's forceps from the pharynx of an elderly patient. Walvekar *et al.*, reported one case of accidental ingestion of live fish in infant, where it was "bathini fish medicine " used for treatment of asthma [10].

They concluded that it is difficult to remove slippery fish which has sharp fins and the safe method to remove marine foreign bodies are by using Magill's forceps or sponge stick forceps [7]

Whole fish impaction in the hypopharynx in infant is accidental and extremely rare. Many a time such cases reach the emergency room as they fail to remove it at home. Though it seems simple, it is difficult to remove it due to slippery scaly surface of the fish. It needs timely diagnosis and intervention with meticulous care by experts in a hospital set-up.

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