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CASE REPORT

A Case Report of a Nasopharyngeal Foreign Body in a Toddler

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Summary

Foreign bodies in the nasopharynx are uncommon presentations in ENT clinics. We report a case of a metallic foreign body in the nasopharynx of a 14-month-old male child. The foreign body was removed under general anaesthesia with orotracheal intubation.

Keywords: Foreign body, Nasopharynx, Orotracheal intubation, Snoring.

Introduction

A foreign body (FB) in the ear, nose and throat area is a common problem among children. [1] It is common between the ages of six months and six years because this is the stage of exploratory development. [2,3] FB in the nose is the most common, while the least is in the pharynx.[4] Ingested foreign bodies can lodge anywhere in the gastrointestinal (GI) tract, including the proximal oesophagus, distal oesophagus, and stomach.[3] However, dislodgment of ingested or inhaled foreign body into the nasopharynx is an uncommon presentation. There are a handful of published articles on foreign bodies in the nasopharynx. We present a case of an impacted metallic foreign body in the nasopharynx of a 14-month-old male toddler. This case is being reported due to its rarity in the environment.

Case Description

A 14-month-old male toddler was referred to the Federal Medical Centre, from a private hospital on account of an x-ray of soft tissue neck showing a metallic foreign body in the nasopharynx. Two days before the presentation, the mother noticed the child was choking suddenly. She suspected the child had ingested "something". She inserted her index finger into the child's mouth, and the child became calm. However, shortly after, the child was noticed to have noisy breathing and snoring at night. He was presented to a nearby private Hospital where an x-ray of the soft tissue neck was done, and he was subsequently referred.

At presentation, the child was stertorous but not in respiratory distress. There was reduced nasal patency bilaterally but no nasal discharge. Examination of the ear and oropharynx was not remarkable. A repeat x-ray of the neck soft tissue revealed a radio-opaque FB in the nasopharynx. He was taken to the theatre and placed in Rose's position under general anaesthesia with orotracheal intubation. The mouth was opened with appropriate Boyles' Davis Mouth gag and blade. The hypopharynx was packed with a gauze ribbon soaked in normal saline. A size 8 nasogastric tube was passed through the right nasal cavity to dislodge the FB, but this technique was not helpful. The soft palate was then retracted with the tube. The nasopharynx was palpated with an index finger, a metallic FB was felt and dislodged into the oropharynx, and an F screw connector (from DSTV cable) was picked with a Tilley's nasal dressing forceps. The post-operative period was uneventful. The child was commenced on oral antibiotics, analgesia, and nasal decongestant and was discharged home the same day.

Figure 1: Plain X-ray soft tissue neck showing a radio-opaque FB in the nasopharynx

Discussion

Inserting a foreign object in the mouth, nose, or ear is not unusual in children as they are inquisitive of their natural body orifices. [2,3] Different FB in aerodigestive tracts have been reported in the literature.

Figure 2: F-screw connector (FB) removed from the nasopharynx

Olajide *et al.* reported an impacted metallic earring in the oropharynx of an eight-month-old child. [5] James *et al.* also reported an impacted toothbrush in the oropharynx of an 18-month-old child who fell while learning to brush the mouth. [6] A case of accidental ingestion of a live fish by a 17-year-old boy (fisherman) was also reported by Dunmade *et al.* [7]. Onakoya *et al.* reported an unusual case of two long sewing needles impacted in the nose of a 20-year-old magician. [8]

However, the migration of an ingested or inhaled foreign body to the nasopharynx is very unusual. Chaevalier Jackson reported only two nasopharyngeal FB out of 2000 cases of aerodigestive FBs. [9] The rarity has been attributed to the capacious space of the nasopharynx preventing the FB impaction. [10] However, in this case, it is possible the mother dislodged the FB when she inserted her index finger or forceful coughing by the child might have pushed the FB into the nasopharynx. FB in the nasopharynx could be missed until the child presents with foul-smelling nasal discharge, which does not respond to antibiotic treatment. [11, 12] Kumar *et al.* reported nasal regurgitation and voice change symptoms in a two-year-old

with a metallic FB in the nasopharynx.[13] There is also a risk of foreign bodies in the nasopharynx dislodging into the airway, leading to a grave consequence. [14] The index case was lucky as the foreign body was not dislodged into the airway, and the diagnosis was made on time before a superimposed infection occurred.

Conclusion

Though a foreign body in the nasopharynx is rare, it does occur. A high index of suspicion is needed in a child with a choking spell of sudden onset with no FB seen in the food passage and airway. Plain lateral neck, chest and abdominal X-rays are important to delineate a radiopaque foreign body, whereas nasoendoscopy plays a role in evaluating a radiolucent foreign body.

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