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Bizarre Foreign Body in a Fourteen Months Old Baby: A Case Report

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Abstract:- Background Foreign bodies are common clinical presentations in ENT worldwide. Foreign bodies may be lodged in the ear, nose or throat. They may be organic or inorganic in nature. Some foreign bodies are life threatening especially when the airway is threatened, and would present as emergencies while others are not. Foreign body management requires a high index of suspicion and expertise.

Objective To present a case of a rare foreign body in a fourteen month old baby arising from child neglect.

Keywords:- Foreign, Emergency, Bucket, Handle, Base.

I. INTRODUCTION

A foreign body (FB) is any object in a region it is not meant to be, where it can cause harm by its mere presence if immediate medical attention is not sought. Foreign bodies are a common presentation in otolaryngology clinics the world over. They could be otologic, rhinologic laryngologic or oesophageal depending on where the foreign body is lodged.

Foreign bodies have been estimated to account for $\sim 11\%$ of the cases seen in ENT emergency services. 2 3 4 . Usually adults report or give an accurate history regarding how the foreign object got into their bodies. This is not the case with children who incidentally have a higher incidence of acquiring foreign bodies; generally, FBs are more common in younger children 5. This may be due to various factors such as curiosity to explore orifices, imitation, boredom, playing, mental retardation, insanity, and attention deficit hyperactivity disorder, along with availability of the objects and absence of watchful caregivers. 5 Many studies in the literature report aural FBs as the most prevalent. $^{6.7}$

However some other studies have reported the throat as being the commonest site of foreign body lodgment^{8,9}. Yet a study by Alhussein Awad and Mostafa ELTaher found swallowed foreign bodies as the commonest¹⁰.

Investigating a foreign body to ascertain the nature, size, site and feasibility of removal is routine, but not in all cases especially life threatening cases that may warrant intervention before some requested investigation results are out.

Definitive treatment of any foreign body case will depend on the site, size, nature, age of patient, facilities available and the experience pf the care giver.

II. CASE REPORT

A fourteen month old baby presented to us in the late hours of the day with over eleven hours of a steel bucket handle stuck in the throat and the rest of it hanging down out of the mouth. No clear history nor eye witness of how foreign body got stuck inside the throat of the child. Child was conscious irritable crying and dehydrated. He was not febrile, not pale, but mouth breathed with open mouth posture.

Patient was reviewed and admitted into the accident and emergency ward and put on intravenous infusion 4.3% dextrose saline. A quick packed cell volume (pcv) check was done which was 35% and without waiting for other investigations requested he was taken into the theater where the foreign body was successfully removed being stuck by the curved "V" shaped end of the bucket handle at the base of the tongue.

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Fig 1. Child on the operating table before GA. Foreign body seen sticking out of the mouth Ibiam F. A. and Associate.



Fig 2. Same child on the operating table before GA



Fig 3. Full view of "bucket handle" foreign body after removal from child.

III. DISCUSSION

Foreign bodies are common in the pediatric age group below the age of five as is the case we are reporting 11,12. The index case we are reporting is a fourteen month old male baby obviously from a low socio-economic background. This raises the question of where the parent, guardian or care giver was at the time of incidence. Here child neglect is directly seen as the reason for this incident occurring; this also underscores the obvious lack of adequate history regarding our index case⁵.

This child was brought to the hospital about over eleven hours after incidence. There was no medical intervention during this time lag, still emphasizing the absence of care⁵.

Many studies have found a slightly higher male incidence as compared to females in cases of foreign bodies. Taiwo et al in their studies on the clinical spectrum of ear, nose and throat foreign bodies in North Western Nigeria found a male to female ratio of 1.2:1¹³. Some other studies with higher male than females incidences have also been reported 14,15 . However Ette et al in Uyo South South of Nigeria in their study found more females with foreign body than males 16. Our index case is a male child. Males are usually more adventurous than females.

Early consultation is advisable because pharyngeal foreign bodies are difficult to visualize without the use of flexible or rigid endoscopy. Our index case reported eleven

hours after the incident without food or drink; neither oral nor parenteral hence child was dehydrated at presentation. Furthermore, removal attempts are difficult and are complicated by the gag reflex; because the airway must be protected, most foreign bodies in the throat require otolaryngology intervention with sedation and endoscopic removal ^{17, 18}. Complications include airway obstruction, laryngeal edema, and pushing the foreign body into the subglottic space, esophagus, or trachea ^{17, 18}

Ainsley and Cunningham reported that 30% of their cases required general anaesthesia¹⁹; as is the method used in our case report. Children are usually agitated, fretful and uncooperative so this forecloses any attempt to use local anaesthesia to remove aero-digestive foreign bodies in children. Foreign bodies of this nature should be performed under GA and spontaneous ventilation by an experienced surgeon and an appropriately trained anaesthetist²⁰.

IV. CONCLUSION

Child neglect is a major predisposing factor to foreign body cases and low socio-economic status is a reason for late presentation. Late presentation and intervention as well as poor resource and skilled manpower is a major reason for poor outcome and high morbidity associated with foreign body management in our environment.

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