Case Report

Foreign body oesophagus in neonate with unusual presentation

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Abstract Children up to the age of 6 years present commonly in the ENT Department with the foreign bodies in the aero-digestive tract. The most common foreign body is coin in the cricopharynx. But it is rare to see foreign body in neonate. Authors have come across with a rare case of foreign body oesophagus in neonate causing obstructive symptoms to both respiratory and food passages after homicidal attempt.

Keywords Foreign body · Neonate · Homicidal attempt · Oesophagoscopy

Introduction

Foreign body ingestion is common in children, but frequently seen among adults also. Foreign body is ingested accidentally but occasionally homicidal or suicidal. Most common foreign bodies in children are coins, but marbles, button, batteries, safety pins and bottle tops are also reported.

Youngest patient of foreign body oesophagus reported in literature was 20 days old neonate, but that child presented with only dysphagia. Authors have come across a case of 27 days old neonate with alleged history of homicidal attempt and obstructive symptoms to both air and food passages.

We are presenting this case because of its rareness and unusual clinical presentation of respiratory obstruction and dysphagia.

Case report

Krishna, a 27-day-old female neonate was brought to the GM Hospital, Rewa with refusal to take feed, feeble cry and difficulty in respiration since one day. There was history of intentionally putting the stones in the mouth of the neonate by the relatives with homicidal intention. On examination patient was dyspnoeic with inspiratory stridor. Clinically indrawing of intercostals space and epigastrium was seen. On auscultation bilateral air entry was reduced. After some time patient went into apnoea. Pharynx and larynx were examined with laryngoscope and suction was done. With suction, stone of size 1 × 1.5 cm came out and immediate endotracheal intubation was done and baby was resuscitated with umbo bag and other supportive measures. Recovery was not satisfactory and baby developed respiratory distress again after withdrawal of endotracheal tube and was not able to swallow any liquid and there was absolute dysphagia. X-ray of the chest was taken. It revealed irregular shaped 1 × 1.5 cm size radio-opaque midline shadow at C7-T1

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Fig. 1 X-Ray of the neck and chest of the neonate showing irregular shaped radio-opaque midline shadow at the level of C-7 & T-1

Fig. 2 Photograph of the stones removed from the oesophagus of the neonate

(Fig. 1). The oesophagoscopy was performed under general anaesthesia using rigid fibre-optic paediatric oesophagoscope (3 mm size) and 1 × 1.5 cm stone was removed from upper oesophagus (Fig. 2). Post operative recovery was uneventful. No post operative complication was noticed. Child regained normal breathing and swallowing and repeat X-ray chest was normal.

Discussion

Foreign body is commonly seen in 2–6 years of age. Most of them are seen within 24 h after ingestion of foreign body. Coins are the most common foreign body. Other foreign bodies are safety pin, meat, fish bone, toe ring and metallic wire. Majority of the coins were impacted at cricopharyngeal sphincter and remaining in the upper oesophagus.

In this case there was a history of homicidal attempt by pushing the stones in baby's throat, as there is tendency of female infanticide in rural areas. The neonate presented with respiratory symptoms, though the foreign body was lodged in oesophagus due to pressure over trachea. The child presented with stridor and later went into apnoea. This respiratory symptom was due to pressure over trachea due to stone and mechanical obstruction was the cause of dysphagia. This type of female infanticidal tendencies and fatal problems can be prevented by awareness amongst parents in rural areas by proper health education.

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