Unusual foreign body in throat

R. Panigrahi · T. R. Sarangi · S. K. Behera · R. N. Biswal

Abstract

Live fish in throat is a rare foreign body. Here we present two such cases. The foreign body were removed under general anaesthesia and nutrition was maintained by Nasogastric tube for few days. Patient returned to normal duty within a week.

Keywords Live Fish · Throat

Introduction

Reports of foreign bodies in the aerodigestive tract is known since 560BC.

Journal of Indian Medical Association 1982 reported a 23-year-old man with respiratory distress after ingesting a live fish.

The American journal of forensic medicine & pathology reported a similar case in which the body and tail of fish essentially filled the hypopharynx.

Foreign body is ingested accidentally very often. Animate foreign body can cause serious mucosal injury due to its movement and secretions. Also it may cause respiratory obstruction leading to death. Foreign bodies very often encountered in children are coins, marbles, buttons, batteries, safety pins and bottle tops etc. are also encountered. In adults common foreign bodies are bones, dentures and metallic wires.

We present 2 cases of accidental ingestion of live Fish –*Kau* (*Anabas Scandens*) in a 65-year-old man and a 13-year-old boy (Figs. 1 & 2).

Case Report

Case I

A 65-year-old male, was admitted to emergency to S.C.B. Medical College, Cuttack at 4.00pm on 1st April, 2006 with fish in hypopharynx. The patient was conscious, without any respiratory distress.

History revealed accidental ingestion of live fish at 12.30 pm on the same day while he was fishing – he was in fact hunting for another fish with the caught fish held between his teeth. Since then he had pain and discomfort in throat subsequently he was unable to swallow liquid or solid food. There was no dyspnoea or stridor. He at first reported to the local hospital, which referred him to S.C.B. Medical College.

On Examination the oral cavity was filled with blood tinged secretions. On depressing the tongue with tongue

R. Panigrahi¹ · T. R. Sarangi² · S. K. Behera³ (✉) · R. N. Biswal⁴

¹Post Graduate

²Asst. Surgeon

³Associate Prof

⁴Prof & H.O.D

Dept. of E.N.T. & Head & Neck Surgery,
S.C.B. Medical College and Hospital
Cuttack
Orissa

E-mail: drsubrat_behera@yahoo.com

Fig. 1 Photograph showing the tail of the fish

Fig. 2 Removed fish

depressor, the tail of fish was visible. Since the diagnosis was obvious, x-ray was not taken

Tracheostomy was done under LA and G.A was administered through the stoma and fish was removed per orally after careful disimpaction to avoid further mucosal injury. The whole procedure was completed within an hour. Ryle's tube feeding continued for 2 days. Tracheostoma was closed after 4 days. Post - operative period was uneventful.

Case II

A 13-year-old boy reported on 15th April, 2006 to the casualty of S.C.B. Medical College, Cuttack around 3.00 pm with complaint of pain in throat, occasional dyspnoea, unable to swallow and bleeding from oral cavity.

History revealed, the boy had accidentally ingested a live fish *Kau* (*Anabas Scandens*) while fishing as he was holding the fish between his clenched teeth as in the previous case. The child had been evaluated at a local hospital where its removal was attempted, resulting in minor lacerations in the oral cavity and oropharynx. Only a portion of the tail of the fish had been removed piecemeal there. The boy was then referred to us for further management. Immediately a tracheostomy was done under local anaesthesia to secure the airway. This patient was managed in the same protocol as the earlier case. lacerations of mucosa in the oropharynx and hypopharynx were observed using rigid endoscopy after removal of fish. Ryle's tube was kept in situ for 4 days. Patient was kept under antibiotic coverage. Stoma of the tracheostomy was closed in a week and patient was discharged at the end of the week

Discussion

A complete live fish in aerodigestive tract is a rare finding. A complete physical examination and vitals of the patient is necessary in the initial management. It is favourable in both the cases that the patient did not have dyspnoea or stridor. But there is no argument regarding the need for an emergency exploration. A planned tracheostomy as an initial procedure is a wise step to reduce the risk of morbidity, mortality, anxiety and above all- endotracheal intubation via stoma. Rigid endoscopic removal of foreign body is safe and effective. After removal of the fish, endoscopic examination of the oral cavity, oropharynx and larynx were examined for injuries is mandatory. The role of ryle's tube is inevitable as it ensures healing of injuries in oral cavity, oropharynx and hypopharynx by rest to the part and maintaining nutrition of the patient.

Conclusion

Fishing is a common practice in India but *Live Fish* in throat is possible in inexperienced and hasty fisherman. It is an emergency in E.N.T. practice but has to be dealt swiftly and steadily.

References

1. Hamasagar MS (1989) foreign bodies in trachea in children. *Indian J Otolaryngol* 41:26
2. Sanviski R A Hamilton J K, Polter D E (1993) Gastrointestinal foreign bodies. In: *gastrointestinal disease: pathophysiology, Diagnosis & management*, editors. Sleisenger M.H, fordtran J.S. W.B. Saunders co: Philadelphia pp 286–292