An impacted marble in the nasopharynx of an infant: a case report
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Citation

Abstract
Foreign body in nasopharynx, although rare, is an emergency condition as it may trickle down into the airway and cause sudden respiratory obstruction. They produce minimal signs and symptoms and thus are difficult to diagnose. A radiographic evaluation of the nasopharynx thus becomes imperative in all cases of untraceable foreign bodies. Here, we report a case of marble impacted in the nasopharynx of an infant.

INTRODUCTION
Foreign bodies of aero digestive tract are quite common in children mainly because of their habit of putting everything into their mouth within their reach. However, very rarely the article put in mouth may get lodged in nasopharynx because of variety of reasons like attempts at digital removal, regurgitation during vomiting or coughing. These foreign bodies are sometimes difficult to diagnose as they produce minimal signs and symptoms. A case has been reported in which a gold ring remained lodged in nasopharynx of a child for four years. Thus, a high index of suspicion is necessary and a meticulous examination of nasopharynx is warranted in every case of untraceable foreign body.

CASE REPORT
An eleven month old male child was brought to the outpatient department of Department of Otorhinolaryngology, Pt BDS PGIMS Rohtak, a tertiary health care and referral centre in Haryana, a state in northern India, with the history of ingestion of a glass marble while playing. Before getting the child to hospital, the mother had unsuccessfully tried to remove the marble with her finger from the oral cavity. At the time of presentation, the child was irritable and was crying. He was not experiencing any difficulty while breathing and taking feeds. General condition of the child was fair and the vitals were stable. On examination of the throat, a bulge was seen in the soft palate. An X-ray nasopharynx with neck (lateral view) and an X-ray chest were advised. X-ray nasopharynx revealed a rounded shadow in the nasopharynx.

The patient was administered general anesthesia. Tonsillectomy position was made and a pack was put in pharynx. The marble was removed from the nasopharynx with a finger. There was no injury or bleeding. There was no postoperative complication.

DISCUSSION
Foreign bodies in nasopharynx are exceedingly rare. This could be because of anatomical location of nasopharynx and the nasopharyngeal isthmus which prevent upward movement of foreign body after ingestion. However,
forceful emesis, digital palpation, roadside accident or a penetrating trauma may cause foreign body to get lodged in nasopharynx. A variety of nasopharyngeal foreign bodies have been reported in literature ranging from metallic ring in a four year old child to nut bolt, leech, coin, marble. These patients are usually symptom free at the time of ingestion thus making the diagnosis very difficult. Later on, they present with vague complaints like halitosis or signs and symptoms of adenoid hypertrophy and sinusitis. Such presentation is particularly dangerous as these foreign bodies may move down and cause acute respiratory obstruction. Thus, every attempt must be made to rule out foreign body impacted in nasopharynx in cases of foreign body aspiration especially in cases of untraceable foreign bodies.

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