

Foreign Body in the External Auditory Canal. Case Report

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Abstract

Foreign bodies in the natural orifices of the head and neck is a frequent problem observed in otorhinolaryngology consultations and emergency services at hospitals and private clinics. Foreign bodies are introduced intentionally or accidentally. In the present clinical case, we discuss the story of a 5-year-old child who introduced bicycle spoke nipple in to the ear. Extraction was performed by washing, without any complications.

It is a rare and unusual object. Hence the importance of taking into account all objects existing in the home that can potentially become foreign bodies, especially if there is a car or bicycle repair site in the house. Never leave small objects accessible to children. Always bear in mind that any object, however small, deserves the child's curiosity and potentially will end up in one of the head and neck holes.

Keywords: Foreign Body; External Auditory Canal; Ear

Introduction

The presence of foreign bodies in the natural orifices of the head and neck is a frequent problem observed in otorhinolaryngology consultations and emergency services at hospitals and private clinics. The external auditory canal is one of the most frequent locations for the presence of foreign bodies. Younger children are the age group most affected by the habit of placing objects in the mouth, ears or nasal cavities.

In most cases of auricular foreign bodies occurs when young children insert seeds and small objects, such as beads or pieces of toy, into the ear canal. A small but important group of these foreign bodies are found in adults who accidentally put on noise-reducing earplugs or objects to clean the external ear canal, such as cotton swabs, hairpins, pen covers, pieces of paper, etc. Insects can also

become trapped in the ear canal [1]. The placement of objects in the channel is due to several factors, such as exploration of holes, imitation, making fun, boredom or mental disorder [2].

The deliberate introduction in adults should lead to the patient's suspicion of mental upheaval and should be evaluated by the psychiatrist.

Case Report

Male patient, 5 years old, appears in otorhinolaryngology consultations due to intense left otalgia with 24 hours of evolution. The parents reported that the boy intentionally placed a foreign body (FB) in his ear the day before. The parents tried unsuccessfully to extract the foreign body at home using objects they had at their disposal. The clinical examination showed that the patient was conscious and oriented, with antalgic face. The exploration of the left

external auditory canal revealed the presence of a metallic foreign body deeply lodged, without signs of otorrhagia or skin laceration. The radiological study of the head revealed the presence of a metallic object (bicycle spoke nipple) retained in the bony portion of the external auditory canal (Figure 1). The FB was extracted by washing with saline solution, without complications.

Figure 1: Radiograph of the ear showing the foreign body in the external auditory canal.

Figure 2: The foreign body (bicycle spoke nipple) extracted from the external ear canal.

Discussion

In a study carried out at the Central Hospital of Maputo from 2007 to 2011, it was possible to observe that most foreign bodies were found in the esophagus (42.37%), followed by an external auditory canal (27%) and nasal cavities (12.08%).

Children place various objects in the natural orifices of the head and neck, from the most common to the most exotic. In a search

carried out on google and PubMed using the following keyword [bike spoke nipple AND foreign body in ear], on 14/03/2021 not a single case was found with this type of foreign body, making the present work more interesting and to draw the attention that children put everything that can fit in one of the holes, alerting primary caregivers not to place small objects at the disposal of children.

The radius of a bicycle wheel is the bar that rigidly joins the central zone to the rim. At one end of the spoke there is the head, screw or nipple that allows the spoke to fit the hole in the metal rim of the wheel.

This work aims to draw the attention of parents and siblings of small patients who have a workshop at home. The child has a tendency to imitate adults and, in these places, there are always small objects that can be quickly handled by the child towards one of the holes.

Conclusion

Never leave small objects accessible to children. Always bear in mind that any object, however small, deserves the child's curiosity and potentially will end up in one of the head and neck holes.

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