



Forgotten Foreign Body (FB) Nose: Endoscopic Removal. A Case Report

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Abstract

Children with foreign bodies in the nose are often encountered in the pediatric emergency setting. The age group is usually between 2 and 4 years old, and the most common foreign body is a battery, plastic toy or bead. Removal of nasal foreign bodies is done by a number of techniques. Complications of nasal foreign bodies include posterior dislodgement and aspiration, local trauma due to FB itself or failed/repeated attempts of removal, infection, and choanal stenosis. Metallic objects (Magnets, pins, needles, buttons) and button batteries require urgent removal as they involve the risk of septal perforation or necrosis, which can develop within a relatively short span of time.

Keywords: Foreign Body (FB); Nose; Metallic Objects (Magnets, Pins, Needles, Buttons); Battery; Plastic Toy or Bead

Introduction

Nasal foreign body removal in an emergency is common for cooperating children but for very young children it is difficult. In such cases, it is imperative to remove it under GA, which warrants a proper explanation of the situation's risks and complications to the parents. This is more so if FB is something dangerous like a button battery.

Incidence

Nasal FB accounts for 19% of all FBs while swallowed FB tops the list (53.6%) followed by aural (24.6%) [1]. It was found in one study conducted in South Korea between January 2009 and December 2020 that the most common FB are beads (24%), toy

plastic (17.8%) and corn or other edibles (15.8%) in kids between 2 - 4 years old [2].

Case Study

A 4-year-old boy came to the OPD with left-sided blocking sensation and discharge for the past 5 months. On preliminary investigation, it was learnt that the boy had some FB in his nostril apparently a small stone. X-ray of the nose-PNS was also suggestive of an opaque foreign body (Figure 1).

As the child was very young and uncooperative the initial attempts at FB removal without anaesthesia failed and it was decided that the child had to be taken under GA for FB removal.

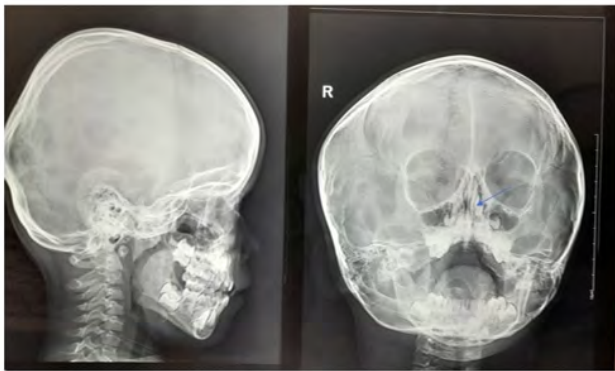


Figure 1: X ray PNS showing opaque FB in left nostril (blue arrow).

After taking proper consent and doing the Pre anaesthetic check-up and after counselling the parents about the risks he was taken under anaesthesia and the nasal cavity was decongested with diluted xylocaine and adrenaline. A 0-degree endoscope was introduced into the nasal cavity and the FB was confirmed to be a stone (Figure 2).



Figure 2: Endoscopic view of FB in left nostril.

Using Jobson’s Horne probe the FB was engaged and slowly taken out under vision. The nose was re-examined after this to make sure if no remnants or other FB in it. A saline wash was given and the procedure was uneventful. The patient was observed in ward for any complications before discharging him.

Discussion

It is important that the FB must be removed as soon as possible as posterior dislodgement may result in aspiration which can be life-threatening [3] as does FB-like button battery resulting in septal necrosis if not removed urgently. An experienced anaesthetist is required as there are chances that the FB may slip and lead to bronchial FB and preparation for the same must be done beforehand to prevent complication and death. Minor bleed can be controlled by nasal drops of xylometazoline and mostly the kids recover uneventfully.

Conclusion

Foreign bodies in the nose are quite common in young children and commonly present in an emergency with it. Most common are the swallowed foreign bodies followed by aural and nasal. As far as nasal foreign body is concerned it can be easily removed if presented early. However, in some cases, the children will not tell their parents about the same for fear of getting scolded by their parents. The same happened in this case where a 4-year-old boy with nasal blocking sensation came to us making us suspect a foreign body in his left nostril. With this thought, we did a suction of the nasal cavity and diagnostic nasal endoscopy under GA which confirmed the presence of a foreign body stone in the nose. Its removal using Jobson Horne’s probe resulted in dramatic symptomatic improvement. Hence for young kids removal of FB under GA is the safest option as it ensures the least traumatic removal of the foreign body especially if it is long-standing.

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Compliance with Ethical Standards

Yes.

Conflict of Interest/Competing Interests

All authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Ethics Approval

All procedures performed in the study involving human participants were in accordance with the ethical standards of

the institutional research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Consent to Participate

Informed consent was obtained from all individual participants in the study.

Consent for Publication

Yes.

Author's Contributions

A K Pandey - Concept, literature search, editing,

Kapil Gohokar- Manuscript writing, acquisition of data.

All authors read and approved the final manuscript.

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