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ENT

AN ASYMPTOMATIC POINTED FOREIGN BODY IN THE HYPOPHARYNX OF A 60-YEAR-OLD WOMAN – A RARE CASE REPORT.

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ABSTRACT **Introduction:** Foreign body ingestion is a common emergency seen in otolaryngology. But the asymptomatic presence of sharp metallic things in the hypopharynx is quite rare. **Case Report:** In this case, a 60-year-old woman unintentionally swallowed a safety pin, which stayed in her hypopharynx for a week without causing any major symptoms or issues. The patient was given general anaesthesia, and the safety pin was effectively removed endoscopically. **In Conclusion:** Even in asymptomatic instances, this case emphasizes the necessity of rapid radiological diagnosis and timely endoscopic treatment to avoid potentially life-threatening consequences.

KEYWORDS : Foreign Body, Safety Pin, Esophagoscopy, Hypopharynx, Endoscopic Removal

INTRODUCTION

Children are more likely than adults to have foreign objects in their hypopharynx and oesophagus. Foreign objects are usually consumed by mistake. Sharp or pointed foreign bodies can be dangerous if not removed right away, but smooth ones typically pass through the aerodigestive tract without any significant effects. These items can breach the oesophageal wall and cause severe problems if they are still impacted. On the other hand, foreign objects that pass beyond the oesophagus usually travel through the gastrointestinal system without incident in about 70–80% of cases. lodgment inside the oesophagus, Nevertheless, it frequently presents with symptoms such as drooling and dysphagia, and in rare instances, big foreign objects can even block the airway.

Sharp objects, like fish bones, bone fragments, or safety pins, can cause late problems like retropharyngeal abscess, which can lead to severe throat discomfort, fever, drooling, or odynophagia. Seven days after the unintentional swallowing, we describe an uncommon incident of an open safety pin lodged in the hypopharynx with its pointed end pointing downwards. Notably, the patient had just minor pain while swallowing, and there was no clinical indication of a retropharyngeal abscess. There are very few instances in the literature of such almost asymptomatic presentations of acute foreign objects in the hypopharynx.

Case Report

The main problem for a 60-year-old woman who presented to the Kurnool government general hospital was throat pain for three days. The patient's history was unclear, stating that one week ago she might have unintentionally consumed rice and a safety pin, and that one soft tissue X-ray was taken of her neck. before arriving to the hospital, it was done from the outside, revealing the shadow of a safety pin.

Even though she had some throat discomfort while swallowing, she continued to eat and drink as usual, and she didn't experience any discomfort at rest.

No vomiting, fever, or regurgitation after eating, nor any foreign body sensation.

The patient was admitted right away because the case was classified as an emergency.

No prior effort was made to remove the foreign body before arriving at our institution.

Previous medical history: no comorbid diseases
Previous surgeries: None notable
Family history: Not significant
General examination: Patient is alert, responsive, and cooperative. moderately fed and moderately built.

Vitals:
Normal temperature
Pulse rate - 88 beats per minute
Respiratory rate-15 cycles per minute
Blood pressure - 120/80 mmHg

Systemic Evaluation:
CVS: No murmurs, but the first and second heart sounds are audible.
RS: BAE+, no extra noises
Abdomen: soft, lacking organ enlargement
CNS: normal

Ent Examination
NECK: The surface temperature was normal, and there was no oedema upon neck examination.

There was slight tenderness on the left side of the lower neck. There was no pain when she was instructed to drink water.

None of the cervical lymph nodes were enlarged.

The posterior pharyngeal wall and oral cavity were found to be healthy during the examination.

The indirect laryngoscopy examination was within normal limits.

Ear: Normal tympanic membrane in both ears.

Nose: found to be normal during inspection.

Investigations
The results of all regular tests, including a complete blood count, a chest X-ray, and a resting electrocardiogram, were all within acceptable ranges.

Since being admitted, she has had nil by mouth.

Intravenous fluid consisting of Ringer's lactate solution, antibiotic injection co-amoxiclav 1. 2 gm. intravenously administered, and pain relievers administered.

Figure 1& 2: X-ray soft tissue neck (AP & lateral view) showing safety pin at C5–C6 with open end pointed below

The patient was placed under general anaesthesia after achieving anaesthetic fitness.

Inverted, the safety pin's posterior end was situated in the left pyriform sinus.

Later, rigid esophagoscopy was used to remove the foreign object, which was a 3.4 cm open safety pin with sharp, pointed ends facing downward. Endoscopic foreign body extraction with alligator forceps under general anaesthesia

Figure 3: Removed safety pin (3.4 cm)

In the post-operative period, the patient did not report experiencing any discomfort in the chest, shoulder, or neck.

The following morning, an X-ray of the neck was done and was determined to be healthy.

The patient was discharged after 24 hours.

She was doing great and had no concerns during her post-operative checkup seven days later.

DISCUSSION

Foreign objects that have been consumed are frequently seen in children, the elderly who have lost their teeth, psychiatric patients, and those who have trouble swallowing.

Unintentional ingestion in adults usually involves metallic pins, dentures, or fish bones.

Open safety pins and other sharp objects pose a particular risk because they might result in wounds to the mucosal layer, perforation, abscesses, or even fatal vascular problems.

Due to the hypopharynx's small size and its proximity to the pyriform fossae and the posterior pharyngeal wall, it may be a location for obstructions. It is uncommon, though, to have a sharp piece of metal lodged in this location without any symptoms, as in this instance.

While endoscopy is the best technique for both identifying and treating metallic problems, plain X-rays (anteroposterior and lateral views) can successfully detect them. Similar cases reported in literature, such as Das et al. (2016) and Banerjee et al. (2016), also highlighted delayed presentation of sharp metallic objects in the hypopharynx with minimal symptoms, reinforcing the importance of early endoscopic management.

CONCLUSION

Asymptomatic retention of a sharp foreign body in the hypopharynx is extremely uncommon. Although pointed metallic items can be potentially dangerous, such cases might manifest with few or no symptoms, which can result in a delay in diagnosis. Standard X-rays serve as a straightforward and dependable method for locating metallic foreign bodies, while rigid endoscopy performed under general anaesthesia offers a safe and efficient approach for removal. Prompt identification and intervention are crucial to avert severe complications such as perforation, abscess development, mediastinitis, or vascular injury. This case highlights the significance of maintaining a heightened awareness and conducting immediate endoscopic examinations, even in patients displaying mild symptoms after accidentally swallowing sharp objects.

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