



FOREIGN BODY REMOVAL FROM EARS OF 100 PATIENTS

ENT

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ABSTRACT

FB in ear is a frequent occurrence in ENT in children. **Objective:** The aim of this study is to evaluate FBs in terms of type, age, and gender distribution and method of removal. **Materials And Methods:** The study population consisted of patients who presented with FB in ear in ENT OPD. Otoscopy was done to examine ear & visualize FB. ENT Instruments like Jobson Horne probe, Tilley forceps, and crocodile forceps were used in FB removal from the ear. Methods like syringing and suctioning were done in some. **Results:** A total of 100 FB were removed from ears of 100 patients. Of these 52 were males and 48 females with male to female ratio of 1:0.8. 54 patients were of less than 10 years with small plastic objects as most common FB. There were 85 inanimate and 15 animate FB. The FB commonly found in ear in our study: small plastic objects=31, beads=17, foodstuff: popcorn/wheat=15, cotton bud=16, stones=5, insects=15, earplug=1. Most FBs were removed with Jobson Horne probe or Tilley forceps. In some cases syringing & suctioning was done. **Conclusion:** FBs are commonly inserted in children in ears with no gender predisposition. In Adults cotton of buds is seen left in ear and forgotten after cleaning ear. Immediate removal of FB is necessary, if left may develop complications like otitis externa, otitis media and so on.

KEYWORDS

Foreign body, ear, otoscopy, children

Foreign body (FB) in ear is a frequent occurrence in ENT. A foreign body (FB) is any object in a region it is not meant to be, where it can cause harm by its mere presence if immediate medical attention is not sought.1 FB can be animate(living) or inanimate(non-living) .The inanimate FBs can further be classified as organic or inorganic and hygroscopic (hydrophilic) or nonhygroscopic (hydrophobic).2 Generally, FBs are more common in younger children; this may be due to various factors such as curiosity to explore orifices, imitation, boredom, playing, mental retardation, insanity, and attention deficit hyperactivity disorder, along with availability of the objects and absence of watchful caregivers.3 In older children, a direct history may be possible, while with younger children information provided by the parents must suffice, although both the children and parents are often unable to recount the incident (4-10).

OBJECTIVE:

The aim of this study is to evaluate FBs in terms of type, age, and gender distribution and method of removal.

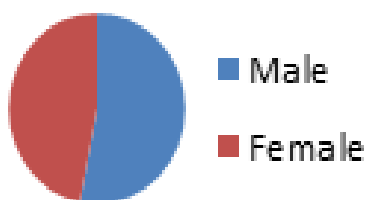
MATERIAL AND METHOD:

The study population consisted of patients who presented with FB in ear in ENT OPD. Otoscopy was done to examine ear & visualize FB. ENT Instruments like Jobson Horne probe, Tilley forceps, and crocodile forceps were used in FB removal from the ear. Methods like syringing and suctioning were done in some.

RESULTS:

A total of 100 FB were removed from ears of 100 patients. Of these 52 were males and 48 females with male to female ratio of 1:0.8.

Gender Distribution



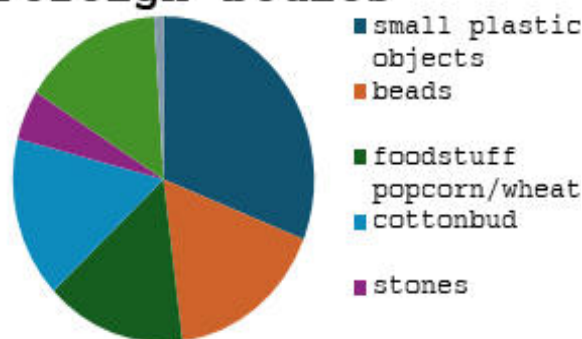
54 patients were of less than 10 years with small plastic objects as most common FB. In, 50-60 year age group cotton was frequently found left

in ear after cleaning with cotton buds. Earplug was found in one patient and removed.

Distribution Of FBs According To Age:

Age (in years)	No. of patients	%age
1-11	54	54
11-20	10	10
21-30	6	6
31-40	8	8
41-50	6	6
51-60	16	16
Total	100	100.0

Foreign bodies



DISCUSSION:

Ear is one of the most common site of FB lodgments in children. They insert objects not only in their own ear but also in ears of other people. FB commonly inserted in ear includes small plastic objects, foodstuff popcorn, wheat, beads, insects, cotton buds. Generally, FBs are more common in younger children; this may be due to various factors such as curiosity to explore orifices, imitation, boredom, playing, mental retardation, insanity, and attention deficit hyperactivity disorder, along with availability of the objects and absence of watchful caregivers.11

Parents usually give history of FB insertion in ear in children. Adults sometimes present with earache, aural fullness, or ear discharge. It may be asymptomatic and found incidentally during routine otoscopic examination.

In our study, the most common age group affected was age < 10 years, similar to results found in many other studies.12–16. It may be due to propensity of young children to put objects into natural orifices of body.

There was no gender predisposition with male to female ratio of 1:08.

There were 85 inanimate and 15 animate FB.

The FB commonly found in ear in our study: small plastic objects=31, beads=17, foodstuff: popcorn/wheat=15, cotton bud=16, stones=5, insects=15, earplug=1.



Most FBs were removed with Jobson Horne probe or Tilley forceps. There was earplug inserted deep in meatus removed with Tilley forceps. In some cases syringing & suctioning was done.

CONCLUSION:

FBs are commonly inserted in children in ears with no gender predisposition. In Adults cotton of buds is seen left in ear and forgotten after cleaning ear. Immediate removal of FB is necessary, if left may develop complications like otitis externa, otitis media and so on.

REFERENCES:

1. Sarkar S, Roychoudhury A, Roychoudhuri BK. Foreign bodies in ENT in a teaching hospital in Eastern India. *Indian J Otolaryngol Head Neck Surg* 2010;62(2):118–120.
2. Carney AS, Patel N, Clarke R. Foreign bodies in the ear and the aerodigestive tract in children. In: Scott-Brown's Otorhinolaryngology, Head and Neck Surgery, 7th ed. London, UK: Edward Arnold; 2008:1184–1193.
3. Shrestha I, Shrestha BL, Amatya RCM. Analysis of ear, nose and throat foreign bodies in Dhulikhel hospital. *Kathmandu Univ Med J (KUMJ)* 2012;10(38):4–8.
4. Adhikary B, Bora H, Bandyopadhyay SN, Sen I, Basu SK. Foreign body in ENT—general practitioner's duty. *J Indian Med Assoc.* 2008;106(5):307–9. [PubMed: 18839637].
5. Chinski A, Foltran F, Gregori D, Passali D, Bellussi L. Nasal foreign bodies: the experience of the Buenos Aires pediatric otolaryngology clinic. *Pediatr Int.* 2011;53(1):90–3. doi:10.1111/j.1442-200X.2010.03176.x.[PubMed: 20500553].
6. Claudet I, Salanne S, Debuissou C, Marechal C, Rekhroukh H, Grouteau E. [Nasal foreign body in infants]. *Arch Pediatr.* 2009;16(9):1245–51. doi:10.1016/j.arcped.2009.06.005. [PubMed: 19577906].
7. Chavoshzadeh Z, Golnabi A, Rezaei N, Mehdizadeh M. Laryngeal foreign body aspiration misdiagnosed as asthma: two case reports and a review of the literature. *B-ENT.* 2011;7(2):137–40. [PubMed: 21838100].
8. Kitcher E, Jangu A, Baidoo K. Emergency ear, nose and throat admissions at the korle-bu teaching hospital. *Ghana Med J.* 2007;41(1):9–11.[PubMed: 17622332].
9. Mackle T, Conlon B. Foreign bodies of the nose and ears in children. Should these be managed in the accident and emergency setting? *Int J Pediatr Otorhinolaryngol.* 2006;70(3):425–8. doi:10.1016/j.ijporl.2005.07.007. [PubMed: 16125254].
10. Rourke T, Tassone P, Philpott C, Bath A. ENT cases seen at a local 'walkincentre': a one year review. *J Laryngol Otol.* 2009;123(3):339–42. doi:10.1017/S00222515108002508. [PubMed: 18485251].
11. Shrestha I, Shrestha BL, Amatya RCM. Analysis of ear, nose and throat foreign bodies in Dhulikhel hospital. *Kathmandu Univ Med J (KUMJ)* 2012;10(38):4–8.
12. Banerjee S. Concept of foreign body—its past and present. *Indian J Otolaryngol Head Neck Surg* 1999;51(1, Suppl 1):23–30.
13. Das SK. Aetiological evaluation of foreign bodies in the ear and nose. *J Laryngol Otol* 1984;98(10):989–991.
14. Higo R, Matsumoto Y, Ichimura K, Kaga K. Foreign bodies in the aerodigestive tract in pediatric patients. *Auris Nasus Larynx* 2003;30(4):397–401.
15. Ray R, Dutta M, Mukherjee M, Gayen GC. Foreign body in ear, nose and throat: experience in a tertiary hospital. *Indian J Otolaryngol Head Neck Surg* 2014;66(1):13–16.
16. Adhikari P, Shrestha BL, Baskota DK, Sinha BK. Accidental foreign body ingestion: analysis of 163 cases. *Int Arch Otorhinolaryngol* 2007;11(3):267–270.