CASE REPORT

FOREIGN BODY IN CRICOPHARYNX: AN UNUSUAL PRESENTATION

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ABSTRACT: A foreign body in the cricopharynx causes severe discomfort to the patient and is a potential threat to the airway. Here we present a unique case report of a 3 month old male infant with accidental insertion of foreign body (Locket) in the cricopharynx.

KEYWORDS: Cricopharynx, Foreign body, Locket.

INTRODUCTION: Out of all the emergencies reporting in ENT Department, foreign body impacted in upper GI tract is most alarming and apprehensive. A common problem in adults and children, though the incidence is more in children than adults. Less than 1% of foreign bodies result in serious morbidity.¹

Foreign bodies tend to lodge in sites of constriction in the oesophagus. A foreign body in the cricopharynx causes severe discomfort to the patient and is a potential threat to the airway. Its removal should be carried out as soon as possible since the pooled saliva can obstruct the airway.²

The most common sites of impaction are cricopharynx (70%), aortic arch indentation (20%) and rarely at gastro-oesophageal junction (10%).

Various types of foreign bodies are impacted in G.I. tract. Most of them are usually coins, bones (Fish, chicken) less common are buttons, chocolate, toffees, meat bolus, battery cells, artificial dentures.

CASE REPORT: A 3 month old male infant presented to ENT emergency of GRMC, Gwalior with the complaints of accidental insertion of foreign body (locket) since few hours. He had complaints of dysphagia and 2 to 3 episodes of vomiting but no respiratory distress. X-ray soft tissue neck and upper chest AP view revealed a metallic foreign body of 2cm in diameter at the cricopharyngeal level.

Rigid oesophagoscopy was performed and superiorly a horizontally impacted metallic foreign body in cricopharynx was seen, conventional foreign body catcher was used and foreign body was dislodged and then removed vertically to avoid any perforation. The child was asymptomatic and discharged from the hospital the next day.

Fig. 1

Fig. 2

CASE REPORT

DISCUSSION: Foreign body ingestions or insertions is more common in children than in the adults and is usually seen in the following categories of patients:

- A. Mentally handicapped or mentally retarded persons.
- B. Accidental ingestion.

Typical examples include children swallowing coins and mentally handicapped adults swallowing metallic or sharp objects. Fortunately, the vast majority of all swallowed objects pass through the gastrointestinal tract without a problem. Mostly they are lodged at the constrictions.

Most upper GI foreign bodies are related to food impaction, because of not proper mastication or swallowing, with meat (Bone) most often being lodged. If the Foreign Body lodges in the cricopharyngeal sphincter or esophagus, early removal under general anesthesia is performed.

Patients treated in this manner has no morbidity and a short hospital stay.^{3,4} Our case was unique as it occurred in a three month old infant with the foreign body impacted in cricopharynx horizontally which was disimpacted and removed.

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