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# What Peculiarities of the Foreign Body of the Oropharynx in the Child?

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**ABSTRACT**

The foreign bodies of the oropharynx constitute a frequent emergency in the child. Management assumes a general rule that any foreign body that has penetrated through the natural pathways can be extracted by the same routes. The particularity of this foreign body and the difficulties encountered during its extraction.a 6-year-old girl admitted to take charge of a foreign body. This is a pen hat trapped in the para-pharyngeal space, examination of the oral cavity finds the extremity Distal of the cap of the visible hat through a 1 cm wound between the left lateral wall of the oropharynx without active bleeding, CT showed the foreign body enclosed in the left parapharyngeal space and which came into contact with l. The vascular axis of the neck without vascular lesions. The extraction was difficult since the hat was hung like a hook under the mucosa. It was performed under general anesthesia by the natural route.



## Introduction

Ingestion of variety of foreign bodies causing respiratory distress and/or dysphagia is a common situation encountered worldwide and among all age groups **[1]**.

As so, foreign body in the oro-pharynx constitute a frequent emergency in the child. It also needs to be handled carefully with prompt management by skilled and experienced hands in order to avoid disastrous consequences **[1, 2]**.

At times it becomes difficult to actually locate the size of foreign body and medical personnel have to completely rely on history narrated by caretakers or parents. However, history given by parents regarding foreign body ingestion should be trusted upon and adequate investigations followed by thorough treatment should be done **[1, 3]**.

Management assumes a general rule that any foreign body that has penetrated through the natural pathways can be extracted by the same routes. Here we report a particular foreign body and highlight the difficulties encountered during its extraction **[1, 4]**.

## Case report

A 6-year-old girl was admitted in our unit for management of a foreign body, namely a pen. This later has been trapped in the para-pharyngeal space.Clinical examination of the oral cavity found that the distal extremity of a hat of pen was visible and located in a 1 cm wound in the left lateral wall of the oropharynx but without active bleeding. CT also exhibited the foreign body enclosed in the left parapharyngeal space, coming into contact to the vascular axis of the neck but once again without vascular lesions.

The extraction was difficult since the hat was hung like a hook under the mucosa.It was performed under general anesthesia by the natural route.

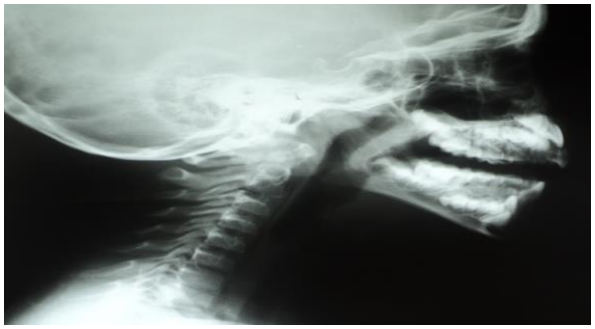

**Figure 1. Standard radiography had no contribution for the diagnosis.**

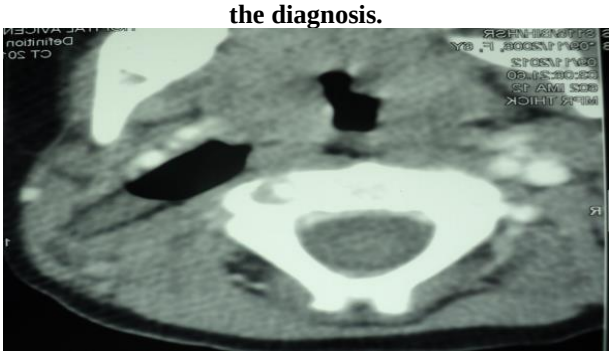

**Figure 2. Foreign body trapped in the left parapharyngeal space, coming into contact with the large vessels of the neck but with no lesion.**

**Figure 3. Unusual foreign body: pen's cap.**

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## Discussion

Ingestion of a foreign body is a common problem in the ENT setting in our context. Children between 1 and 3 years are more often involved **[1, 3]**.

Those accidents are also more often encountered in urban setting and in families with many children.Parents are frequently not well informed about this pathology **[1]**.

It has been reported that serious life-threatening complications are mostly encountered in younger age groups, who sustain accidental penetrating oropharyngeal injuries from sharp objects in their mouth **[5, 6]**.

Foreign bodies manifest as a simple abrupt, localized and lateralized constraint that is tenacious. In the literature, fish bone is the most frequent foreign body incriminated **[1, 3]**.

Nature of foreign bodies may be vegetative inanimate (seeds, grains, peas, peanuts, etc.), vegetative animate (insects, etc.) or non-vegetative (fish bone, denture plates, beads, coins, safety pins, etc.) **[7, 8]**.

Oropharyngeal or proximal esophageal perforation can cause neck swelling, erythema, tenderness, or crepitus. Nevertheless, a retrospective review found that 50 per cent of children with confirmed foreign body ingestions were asymptomatic **[7]**.

Clinical examination with a tongue depressor, then with a mirror or a naso-fiberscope in indirect laryngoscopy allows the recognition and ablation in a great number of cases. General anesthesia can be necessary, notably in small kids or in case of hypo-pharyngeal localization of the foreign body or when dealing with a uncooperative patient **[1, 3, 6, 7]**.

Exceptionally, a big foreign body located in the pharyngo-larynx will cause aphagia with or without a respiratory distress, necessitating an emergency extraction **[1]**.

## Conclusion

Oropharyngeal foreign bodies are quite common in children. Their extraction must be done as long as possible through the natural route. The real solution to the problem lies in the education of parents and the rigorous supervision of children.

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