

Mutton in Nasopharynx in a Toddler

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ABSTRACT

Foreign body in the nasopharynx is very uncommon. Authors report a curious case of mutton piece in a 2-year-old child which got lodged consequent to removal try by the mother. The child presented with foul smell, bilateral nasal obstruction and mouth breathing. Mutton piece was removed by nasal endoscopy.

Keywords: Children, Nasopharynx, Mutton.

INTRODUCTION

Foreign body in the aerodigestive tract of children by themselves is by no means uncommon and almost every otorhinolaryngologist encounter these emergencies. The common sites include nose, larynx, pharynx, esophagus and tracheobronchial tree, however, lodgement of foreign body in the nasopharynx is very unusual and extremely uncommon.¹ The symptoms and signs depend on size, nature, duration and location of foreign body in the aerodigestive tract.^{2,3} Authors report a case of mutton piece in the nasopharynx of a 2-year-old child.

CASE REPORT

A 2-year-old male child presented with bilateral nasal obstruction and foul smelling discharge for 2 weeks. Clinical interrogation of the mother revealed that the child had put a piece of mutton in his mouth from the plate of his mother 15 days back, followed by a bout of cough and stridor. An apprehensive mother performed an immediate finger sweep in the pharynx. She could feel something soft and tried to remove it, but nothing came out. However, the child was immediately cured of cough and stridor. The mother presumed that the child had swallowed the mutton piece and slept over the episode. Mother noticed bad breath, mouth breathing and restlessness at night after 2 days. The foul smell became unbearable, and ENT consultation was sought. Anterior rhinoscopy revealed bilateral mucopurulent foul smelling thick nasal discharge without any noticeable nasal patency. The throat examination also showed thick discharge on posterior pharyngeal wall. Both tympanic

membranes were congested. Systemic examination was unremarkable.

The child was taken up for emergency nasal endoscopy using rigid nasal endoscope under general anesthesia. The endoscopy revealed an impacted piece of mutton with thick foul mucopurulent discharge which was sucked out and the soft mass of the meat, including a small bone piece, was removed in small multiple pieces (Fig. 1). The child was put on IV amoxiclav for 24 hours and was discharged after 2 days on oral amoxiclav and normal saline nasal drops. The child made an uneventful recovery.

DISCUSSION

Nasopharynx is an exceptional anatomical location for impaction of foreign body, which is commonly observed in



Fig. 1: Foreign body after removal

food and air passages. Majumder et al⁴ reported in the nasopharynx of a 2-year-old child. The reported foreign bodies in nasopharynx include marble, wood, coin, button, leech, whistle, piece of eraser in the literature.^{1-3,5,6} Foreign body in the nasopharynx gives anxious moment due to its location.

The children have a tendency to swallow the objects commonly which pass through gastrointestinal tract without any difficulty, however, size of the nasopharynx of a child is small and lodgment of a big size piece of mutton is indeed unusual. Lodgment of foreign body in the nasopharynx can occur by certain ways, like emesis, push from nose while removing foreign body, palatal paresis and sweep of finger maneuver in the oral cavity or the pharynx for removal of foreign body as in the present case.⁷ The symptoms of lodgment in the nasopharynx vary from sensation of foreign body to foul smelling purulent nasal discharge as was also observed in the present case. Such foreign body should be removed under general anesthesia with precaution that it may not slip in airway by keeping head low as in tonsillectomy position.

The main objective of this case report is to rule out the nasopharynx as a site of lodged foreign body after ingestion, if it is not found on esophagoscopy and bronchoscopy. The mutton piece is good media for even commensal bacterial

growth, which causes, decay and foul smell, and was indeed the case for seeking medical consultation. Endoscopic removal of foreign body from the nasopharynx is safe and almost atraumatic. It is common knowledge that unilateral nasal obstruction and foul smelling nasal discharge should arouse a suspicion of foreign body nose, however, in case of bilateral nasal obstruction, discharge and foul smell of recent onset, one should keep the possibility of foreign body nasopharynx in mind as in the present case.

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