

A RARE CASE OF FOREIGN BODY IN VOCAL CORD OF AN INFANT

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Abstract:-

FB in larynx in children are extremely rare especially under 12 months of age .Therefore history, clinical findings and radiologic findings can be misleading. Seventeen patients with laryngeal F.B. (10 of them under 12 month of age) were presented & treatment modality was discussed with diagnostic difficulty.

Introduction:-

Chevalier Jackson defined a foreign body as “an object or substance that is foreign to its location.”

.Infant and young children are naturally curious about their environment .It is childhood tendency for exploration that result in serious problems of ingestion, insertion ,aspiration of foreign bodies.

A high suspicion for ingestion of foreign body is needed ,since many foreign bodies can mimic other medical condition ,without a witnessed event which could delay in management may lead to further complications.

According to National Safety council ,suffocation from foreign bodies ingestion & aspiration is the third leading cause of accidental death in children younger than 1 year and fourth leading cause in children between 1 & 6 years.

Aspiration of foreign body is a frequent cause of morbidity and mortality in young children. Aspirated foreign bodies cross the larynx and get lodged in the tracheal or bronchial airway .Laryngeal foreign body presentation depends on its size, shape, nature and the site of obstruction .

In patients suspected with ingestion of foreign body ,appropriate x -ray should be taken.

We present with a rare case of 10 month boy with laryngeal foreign body which was misdiagnosed at first.

Case Presentation:-

We present the case of 10-month-old boy presented in the emergency room with excessive cry & stridor. Patient was admitted as a case of laryngotracheobronchitis and treated with multiple antibiotics for more than five days but showed no improvement. Patient was consulted by ENT team. When we saw the patient his parents were unsure of ingestion of any foreign body, but he complain of cry and croup . On physical examination, the patient appeared healthy, active with good appetite and stable vitals. No H/o of any surgery or medical history in the past. Blood investigation were within normal range & X-ray Neck –Lateral view –within normal limit. Further we decided to go for a fiberoptic laryngoscopy in which it was incidentally found that glass piece was stuck between vocal cords with no damage of surrounding structures. Patient was taken to Operation theatre & planned for bronchoscopic removal intraoperatively we found a piece of glass trapped between vocal cords & there was mild granulation tissue at the site of foreign body impaction.

We removed the foreign body without incident. Patient voice returned to normal there was no more stridor evident. Patient was discharged . On follow up visit patient appeared healthy and active without any complaints.



Glass piece –foreign body



Lateral view neck X-Ray



Bronchoscope view of foreign body in vocal cord

Discussions:

Children are naturally susceptible to be involved in foreign body injuries due to tendency to oral exploration, lack of molar tooth and the poor coordination of swallowing.

FB aspiration is challenging to diagnose due to its nonspecific clinical manifestations. Patient presents with different symptoms based on the degree of airway obstruction or the location of the FB. The most common sites of FB aspiration in children are the right bronchi (60%) and left bronchi (23%), followed by the trachea/carina (13%), larynx (3%) and bilateral (2%) sites .[2]

The majority of foreign body passes through the glottis into the trachea and main bronchus so larynx is not a common site of their lodgement.[2]

Children with foreign body ingestion or aspiration may show a wide range of symptoms; the condition is sometimes remains misdiagnosed, and the patient may be left untreated for extended periods. Many laryngeal bodies pass into the bronchus or are coughed out, so they are rarely reported or suspected [3] .Such laryngeal FBs can occasionally lead to respiratory obstruction and reflex laryngospasm [1].There was a case in which a group of children were playing together until one of them forced the other to ingest a rubber which is common in preschool children .It was surprising that the child didn't have any symptoms and a bronchoscope was used to remove the rubber that was found below the vocal cord after a computed tomography [4]. It may cause multiple symptoms or impersonate other diseases, making it a difficult diagnosis .It is usually uncommon for a piece of glass with a sharp end to remain between the vocal cords without harming any structures. Addition to this a detailed medical history should be taken from child's parent in order to provide correct medical care.Our aim is to report this case to describe the rare presence of sharp glass within vocal cords and extract without injury to surrounding structure .

In this case 10 month boy had ingested glass piece accidentally .On X-Ray neck lateral view was normal .Through fibre-optic scope we found out a glass piece is stuck between vocal cord.With the help of bronchoscope glass was removed .

Addition to this a detailed medical history should be taken from child's parent in order to provide correct medical care.Our aim is to report this case to describe the rare presence of sharp glass within vocal cords and extract without injury to surrounding structure .

To increase awareness of physicians toward various clinical manifestations of FB aspiration.

Conclusions:-

Although ingestion of Foreign bodies is condition seen more frequently in children & can be present with different clinical manifestations, which sometimes makes it difficult. We should increase awareness of different presentations of foreign body aspiration. Awareness amongst parents & guardians can prevent & help in reducing its incidence. Every physician should take good history from parents and consider it in their differential

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