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Nieoczekiwany przypadek ciała obcego w jamie nosowej

Unexpected nasal foreign body

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Streszczenie

Ciała obce w jamie nosowej są często odnotowywane w pediatrycznej grupie wiekowej, częściej niż w uchu czy gardle. Typowym objawem obecności ciała obcego w jamie nosowej jest jednostronna wydzielina z nosa o nieprzyjemnym zapachu. Niektóre przypadki przebiegają jednak bezobjawowo i nie są zgłaszane przez świadków zdarzenia – lekarze wykrywają je dopiero podczas rutynowych badań. W tym scenariuszu rozpoznanie stanowi większe wyzwanie, gdy u pacjentów występują również inne schorzenia nosa. W pracy przedstawiono przypadek 6-letniej dziewczynki z rozległym naczyńniakiem dziecięcym obejmującym twarz, język, szyję i klatkę piersiową – pacjentka zgłosiła się z rodzicami na rutynowe badanie kontrolne, bez żadnych dolegliwości w obrębie jamy nosowej. W badaniu przedmiotowym ujawniono obecność strupa w okolicy prawego nozdrza wraz z niebieskawym przebarwieniem i przerostem prawej małżowiny nosowej. Początkowo uznano, że jest to objaw rozrostu naczyńniaka. Ciało obce w prawej jamie nosowej zostało zauważone przez jednego z rodziców dziewczynki kolejnego dnia, po płukaniu nosa, i zostało pomyślnie usunięte w warunkach klinicznych.

Słowa kluczowe: ciało obce w jamie nosowej, jednostronna wydzielina z nosa, naczyńniak dziecięcy

Abstract

Foreign body in the nose is a common complaint in the paediatric age group and the most prevalent site of foreign body insertion compared to the ear and throat. Typical presentation involves foul-smelling unilateral nasal discharge. However, some cases are asymptomatic with no witnesses, and only discovered by medical practitioners during routine examinations. The diagnosis in this scenario becomes more challenging when another nasal pathology is present. We describe the case of a 6-year-old girl with underlying extensive infantile haemangioma of the face, tongue, neck and chest, who came for a routine follow-up, without any nasal complaints. However, the examination revealed right nasal crusting with bluish discoloration and hypertrophy of the right inferior turbinate, which was initially thought of as extension of the patient's haemangioma. A foreign body in the right nasal cavity was noted by the girl's parent on the next day after nasal douching, and was successfully removed in the clinical setting.

Keywords: nasal foreign body, unilateral nasal discharge, infantile haemangioma

INTRODUCTION

Foreign body in the nose is a relatively common complaint in the paediatric age group. Most cases occur in children between 2 to 5 years old or at the mean age of 3 years⁽¹⁻³⁾. This can be explained by the children's inquisitive nature and tendency to explore their body cavities, especially the nose and ears, at this age. There are no meaningful differences in term of sex predilection in most studies. The nose is the most common site of foreign body insertion compared to the ear and throat^(4,5). Patients commonly present with unilateral and foul-smelling nasal discharge, nasal obstruction or after an incident involving foreign body insertion is witnessed by a caretaker (in asymptomatic patients). In fact, all children presenting with unilateral nasal discharge need to be properly assessed to rule out the presence of a foreign body until proven otherwise. The diagnosis is challenging in case of asymptomatic patients, when no one witnesses an incident or when patients have concomitant nasal pathologies. Furthermore, patients with nasal conditions need extra attention as their symptoms may obscure the symptoms caused by a nasal foreign body. Generally, all nasal foreign bodies require early removal because there are risks of aspiration, and more complications can develop as time progresses.

CASE REPORT

A 6-year-old girl with underlying extensive infantile haemangioma of the face, tongue, neck and chest (Fig. 1) came for a routine follow-up at the Paediatric Otorhinolaryngology Clinic. Generally, the patient was well, with no complaints of nasal discharge, epistaxis, choking, cyanosis or noisy breathing. However, upon anterior rhinoscopy examination, the physician noted crusting at the right nostril with bluish discoloration and hypertrophic right inferior turbinate. No foul-smelling nasal discharge, epistaxis or obvious foreign body presence were



Fig. 1. Patient with extensive infantile haemangioma of the right side of the face, tongue, neck and upper chest

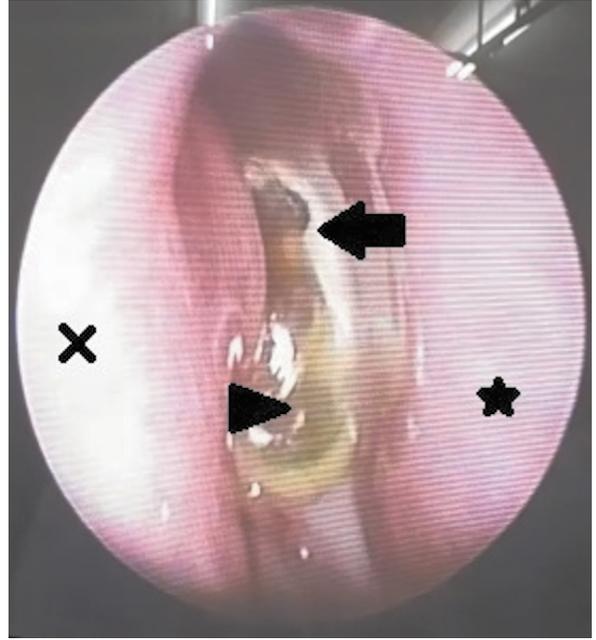


Fig. 2. Endoscopic view of the right nasal cavity revealing a whitish foreign body (arrow) and crusting (arrowhead) in the right nasal cavity, between the inferior turbinate (star) and the septum (cross)



Fig. 3. A foreign body (a die) removed from the right nasal cavity

observed at that time. In addition, no one witnessed the event of foreign body insertion. Left anterior rhinoscopy revealed normal findings. The impression at that time was extension of the girl's haemangioma to the right inferior turbinate with crust formation. The patient was discharged home with nasal douching, and an appointment was scheduled in 3 days to review. However, a parent brought the patient back to the clinic on the next day, as a whitish foreign body was discovered in the child's right nasal cavity after nasal douching. Anterior rhinoscopy revealed a whitish die in the right nasal cavity, between the nasal septum and the mid-part of the inferior turbinate (Fig. 2). The foreign body, which was a die (Fig. 3), was successfully removed by a single attempt in the clinical setting, using a Jobson-Horne probe. The patient was well after the foreign body removal, and no further complications were noted.

DISCUSSION

A typical symptom of nasal foreign body in children is unilateral foul-smelling nasal discharge. However, it denotes the late presentation, when infection has already developed. The other common presentation is asymptomatic either witnessed or unwitnessed by the caretaker. Obviously, the later presentation is more challenging in terms of diagnosis, and unfortunately our patient belonged to this category. Furthermore, vascular tumour of the face in our patient, which can extend into the nasal cavity, may distract attention of the medical practitioner from the diagnosis of nasal foreign body. Information provided by the caretaker is very important. Most children are unable to give any history or deny foreign body insertion because they are scared of being scolded by their parents. Therefore, proper examinations should be carried out, including the contralateral site of the nose and ear examinations, to avoid missing any significant findings. Most studies show that foreign bodies are found more frequently in the right side of the nasal cavities⁽⁶⁻⁸⁾. This is partly due to the fact that most people are right-handed, as in our presented case. This laterality is similar in cases involving auricular foreign bodies⁽¹⁰⁾. A small percentage, 1–2% of patients, present with foreign bodies in both nasal cavities⁽⁶⁻⁸⁾ and in 0.4% also with an auricular foreign body⁽⁶⁾. Most patients present within one week after foreign body insertion^(1,7). However, there is a reported case of 8 years' history of nasal foreign body⁽⁹⁾. The time of presentation is very important, as prolonged foreign body presence leads to more complications. The predictors of successful removal of foreign body in the outpatient or emergency setting include the first attempt by an experienced person⁽¹⁰⁾. Extensive manipulations aimed at foreign body removal by unskilled physicians or ordinary individuals will typically result in more complications⁽¹¹⁾ and ultimately require the removal to be performed under general anaesthesia in the majority of cases⁽⁷⁾. In our patient, the foreign body was successfully removed in the clinical setting by a skilled clinician with good supporting staff, using appropriate instruments.

CONCLUSION

The clinician's suspicions of foreign body should be raised in all cases of unilateral nasal discharge or crusting, especially in the young paediatric age group. More attention should be given to patients with underlying nasal pathologies, as their symptoms may obscure the symptoms caused by the nasal foreign body. A skilful first attempt by an experienced clinician, proper instruments, and a good assistant are key factors determining successful foreign body removal.

Conflict of interest

The authors do not declare any financial or personal links to other persons or organisations that could adversely affect the content of this publication or claim rights thereto.

Piśmiennictwo

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