

An Ingested Foreign Body Presenting in Subcutaneous Plane on the Chest: A Rare Case

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ABSTRACT

Migration of an ingested foreign body into subcutaneous plane is a very rare event. Most common migrating foreign bodies reported in literature are fish bones. We present a rare case of ingested foreign body, a ball point refill, which migrated and presented in the subcutaneous plane on the chest.

Keywords: Ingested foreign body, Migrated, Subcutaneous plane.

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INTRODUCTION

Ingested foreign bodies are very common, more in pediatric age group due to improper dentition, improper positioning of child and child's tendency to put every new thing in mouth. In adults they are mostly bone or thick bolus which has not been chewed properly. The most frequent ingested foreign bodies are chicken and fish bones.¹ They present very early due to absolute dysphagia. In our case, accidental ingestion of refill of a ball point pen, it migrated through the esophagus and presented in anterior chest subcutaneous plane 4 months later.

CASE REPORT

A 24 years old male, came to OPD with unusual long, tubular swelling in the subcutaneous plane of chest. He gave history of accidental ingestion of a ball point refill while picking tooth gaps. Following which patient had a bout of severe coughing. He also complained of sharp pricking pain in neck on right side while swallowing. This difficulty gradually reduced. It was followed by restriction in neck movements more on nodding and also on sideways. But after 2 months he noticed the subcutaneous swelling, initially in the neck but which gradually migrated and descended finally to rest in subcutaneous plane, on anterior chest. On clinical examination it resembled a ball point refill with its point facing downward. It was immobile, nontender and not inflamed (Fig. 1).

Patient's lateral X-ray was done which showed the metallic point of the ball point in the subcutaneous plane (Figs 2 and 3).

To look for a path of migration, barium swallow was done and found to be normal. Computed tomography (CT)

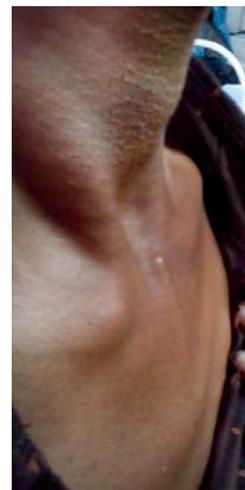


Fig. 1: Foreign body on anterior chest wall



Fig. 2: Lateral X-ray chest showing the metallic tip of foreign body



Fig. 3: Patient on operation theater table showing limits of foreign body

of neck plus chest was done which showed the foreign body in subcutaneous plane of anterior chest wall. Esophagus, pharynx and rest of neck was normal, with no evidence of fibrous tissue strand connecting the foreign body to digestive tract.

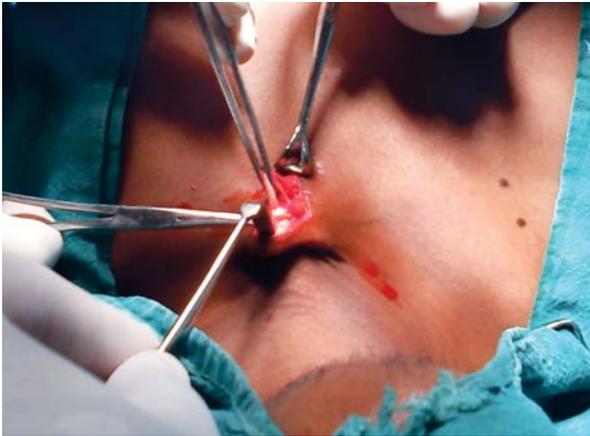


Fig. 4: Dissection is showing the tract of foreign body



Fig. 5: Foreign body removed

After obtaining preanesthetic fitness, patient was posted for removal of foreign body under local anesthesia. Using single horizontal incision at cranial end, whole foreign body was removed *in toto*. Fibrous tract was found which was followed till cricothyroid junction and then was ligated (Figs 4 and 5). Postoperative period was uneventful and patient was discharged on third postoperative day.

DISCUSSION

Ingested foreign bodies are a common emergency in otorhinolaryngology practice. Besides the tonsils, the base of the tongue and the upper esophagus are the places where usually the impacted foreign bodies are found.¹ An unidentified foreign body will usually spontaneously pass out through the alimentary tract without any complication. Spontaneous passage is usually related to the size and type of the foreign body.² Migration of ingested foreign bodies is very rare.^{1,3} A fish bone has the ability to migrate to the thyroid gland, carotid artery, mediastinum, or subcutaneous tissue due to the constant contraction and relaxation of the pharyngeal musculature, esophageal peristalsis and surrounding tissue reactions.⁴⁻⁷ In our case the refill had its point downward which allowed it to pierce the pharyngeal

wall and reach to the subcutaneous plane. Though an extraluminal foreign body has the potential to cause serious complications such as esophageal perforation, paraesophageal abscess, retropharyngeal abscess, mediastinitis, atri-esophageal fistula, tracheoesophageal fistula, and carotid rupture, our patient had a silent perforation and no major complications.

CONCLUSION

Migration of ingested foreign body is a very rare event. Silent perforation with no complication is even rarer. Since, most common foreign body is fish bone, many cases are presented in the literature. But a refill presenting in subcutaneous plane of chest after accidental ingestion is not yet reported.

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