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Case report

The travelling fish bone: Migrated pharyngeal foreign body to the prevertebral muscle

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ABSTRACT

Foreign bodies that are impacted in the upper aerodigestive tract are often encountered in a day to day ENT practice. Most of them could usually be removed in a clinic setting but some may require comprehensive imaging and surgery to extricate them. This paper depicts a patient's self-induced traumatic attempt to remove a huge serrated fish bone that was lodged at the hypopharynx which made its way to the prevertebral soft tissue space compelling an open surgical procedure with neck exploration for definite treatment.

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1. Introduction

Impaction of foreign bodies in the upper aerodigestive tract is a serious condition in ENT practice; if left untreated, it can lead to potentially fatal complications including retropharyngeal or prevertebral abscesses, mediastinitis and tracheoesophageal fistula which may cause septicaemia and shock. If a patient presents early to an ENT setting without prior tampering or blindly attempting to remove it, it could most of the time be removed endoscopically but this may not always be the case.

2. Case report

A 66-year-old female patient was presented to the emergency department of a local district hospital with severe symptoms of dysphagia and diffuse anterior and posterior neck pain with limited and fixed range of motion of the neck after a day's history of ingesting a large fish bone. A radiograph of the lateral neck revealed a fish bone at the level of the 4th and 5th cervical vertebrae and she underwent a flexible nasopharyngolaryngoscopy in the clinic for diagnostic and therapeutic reasons; unfortunately, there was no pooling of saliva and no foreign body was seen.

Further history revealed that upon ingestion of the fish bone, the patient was vigorously attempting to swallow and push the foreign body down by gouging and stuffing her mouth with large

boluses of rice prior to seeking medical attention. As there was widening of prevertebral space from the neck X-ray with increasing pain at the neck, a computed tomography (CT) scan was performed. From the CT scan the foreign body was visualised in the prevertebral soft tissue space from the midpoint of the C4 vertebral body extending inferiorly towards the left side of the C5 vertebral body. No CT evidence of retropharyngeal collection or abscess was present (Fig. 1).

She underwent removal of foreign body under general anaesthesia in view of the location. The surgeon performed an initial neck exploration but could not locate the fishbone. A CT 3D reconstruction (Fig. 1) was performed to relocate the fish bone with skin marking prior to transfer to a tertiary centre for further exploration.

Further neck exploration at a tertiary centre, with extension of the previous incision posteriorly, retraction of the sternocleidomastoid muscle and carotid sheath posteriorly, the fish bone was found piercing through the prevertebral muscles most likely the longus colli muscle (Fig. 2). The fish bone was removed. Fortunately, there were no injuries noted at the neighbouring vital structures. Postoperatively she was well without any complications and was discharged on the third day. Her follow-up a week after surgery was uneventful.

3. Discussion

Foreign bodies that are lodged in the upper aerodigestive tract which are most common in South-East Asian regions are fish bones, because fish are prepared and cooked as a whole with bones, compared to the western countries where fish are cooked

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