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Pharyngeal Intra-Mural Foreign Body in a Magician

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ABSTRACT
IntroductionVarious forms of foreign bodies in the upper aero-digestive tract are found in the otorhinolarygological practice Majority are found in children and some in adults and mentally deranged individuals. Foreign bodies are usually intra-luminal but sharp FB can be found extra-luminally. This could be inserted accidentally or intentionally as in this index case.**Case Presentation**We present a case of a 25yr old magician/driver with a pharyngeal intramural radio-opaque foreign body inserted intentionally during his magic art 7 days prior to presentation. EUA and removal was undertaken under GA uneventfully and patient was discharged two days after the procedure.**Conclusion**Though Pharyngeal extra-luminal foreign bodies are quite uncommon, presentation with odynophagia, dysphagia and neck stiffness without features of airway compromise is suspicious of extra-luminal FB. Early presentation and removal of the foreign body is essential to prevent complications.
Keywords: Pharyngeal, Intra-mural, foreign body, magician.

INTRODUCTION

Various forms of foreign bodies are encountered in the practice of Otorhinolaryngology, especially in the ear, nose and parts of the throat like the oesophagus and larynx but very unusual in the pharynx. These have been reported in the pediatric age group, mentally deranged people and also in the elderly. Common foreign bodies found in the pediatric age group are-coins, beads, buttons, batteries etc., whereas in adults, pieces of bones, dentures, metallic wires etc. The foreign bodies are usually within the lumen or in the cavities. Sharp metallic foreign bodies can penetrate the soft tissue thus found extra-luminally (intramurally) with potentially fatal consequences. These are usually inserted accidently or intentionally as in suicide attempts or magic arts. However, this case report is that of a magician with an unusual metallic foreign body (a sewing needle), which he uses for his magic art. The art has fetched him rewards in kind and cash over the years including the gift of a wife, car etc.

CASE PRESENTATION

A 25 year old male magician who also drives a commercial vehicle was referred from Abubakar Tafawa Balewa University Teaching Hospital (ATBUTH) Bauchi to the outpatient department of the Jos University Teaching Hospital (JUTH) with a radio – opaque FB in the pharynx 7 days after the incidence with dysphagia, odynophagia, right sided neck pain and stiffness, but without fever or airway compromise. This was introduced by the patient deliberately during his magic performance via the (R) nostril.

On this occasion, he introduced 5 sewing needles in to the right nostril, he was however able to retrieve 4 of the needles through the oral cavity but was unable to retrieve the 5th needle.

Examination showed a hyperaemic-odematous spot on the (R) side of the posterior pharyngeal wall mucosa; however the FB was not visible. Posterior rhinoscopy did not show any foreign body in the nasopharynx. The x-ray of the soft tissue the neck(AP/ lat. Views) from the referring Hospital showed a vertically oriented linear radio-opaque object on the right side of the posterior pharyngeal wall at the level of the 2nd to the 6th cervical vertebrae (figs. 1A & 1B).

A repeat x-ray of the soft tissue of the neck(AP/ lat. Views) in our Hospital confirmed the presence of a non-migratory vertically oriented linear radio-opaque object with the pointed end upwards at the level of the 2nd to the 6th cervical vertebrae on the (R)(figs. 2A & 2B).Patient was prepared for examination under anaesthesia and foreign body removal. Intra operatively, a linear tear about 2.5cm was noted on the posterior pharyngeal wall mucosa in which was the tip of the foreign body and was removed with a foreign body grasping forceps. Intra-operative finding was that of a rusty sewing needle embedded in the prevertebral tissue measuring about 8.5cm (fig. 3). There was no evidence of pus collection in the retropharyngeal space, most probably due to the presence of the tear and the fact the patient was started on antibiotics prior referral to our hospital.
Patient did well post operatively on antibiotics, anti-inflammatory and warm saline gargling. He also had anti-tetanus prophylaxis and was discharged on the 2nd day post operatively.

DISCUSSION/CONCLUSION: Foreign bodies in the aero-digestive tract are known to be quite common in the peadiatric age group, the elderly and mentally deranged. It is very uncommon to find these foreign bodies in the

pharynx. However there are reports of foreign bodies within the cavity of the nasopharynx or partially embedded within its mucosa. Example is a report of "Rhino-pharyngeal foreign bodies (two long sewing needles) in one magician during a magic art, partially in the nasal cavity and in the mucosa of the nasopharynx" [2, 3]. This case is being presented because it is totally intramural in nature and has not been reported before. In this case, this 25 year old magician inserted 5 sewing needles with the blunt ends leading the way and was able to retrieve 4. It is believed that the blunt end of the needle hits the" median raphe which is fibrotic and tough thus not penetrated easily"[1] and with the movement of the pharyngeal musculature, the needles are then removed via the oral cavity. The needle which penetrated the prevertebral tissue must have moved more laterally from the median raphe as in this case. Other forms of foreign bodies in the pharynx reported include "a large metal nut in the roof of the nasopharynx" [4, 5]; "food particle in the nasopharynx during feeding "[4, 6, 7, 8]. This presented as adenoids in the nasopharynx on radiology. Other reported presentations are- "a broken tooth brush in the nasopharynx "[8, 9]; "a piece of wood in the nasopharynx, both presented as emergencies "[10, 11]. , all were found within the cavity of the nasopharynx unlike in our case that was completely intra-mural.

CONCLUSION

Though relatively uncommon, extra-luminal foreign bodies in the pharynx should be suspected when sharp objects are accidentally or deliberately as in this case inserted into the pharynx and the patient presenting with dysphagia, odynophagia and neck stiffness without features of airway compromise. Early referral to a specialist for prompt investigations and treatment (Removal) is essential to prevent potential fatal complications.

Figures

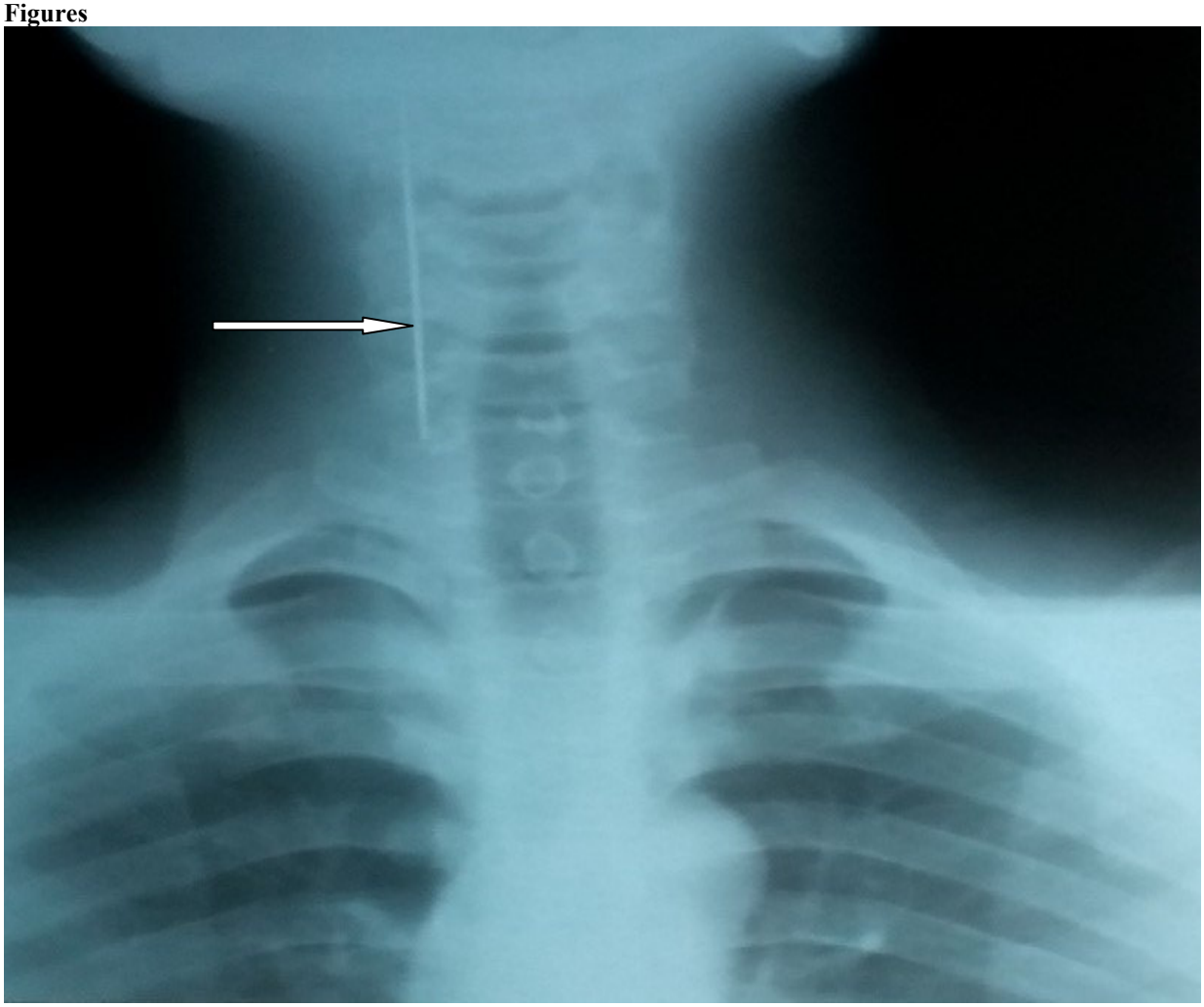

Fig. 1A
X-ray soft tissue neck AP view showing the foreign body as brought by patient from referral hospital

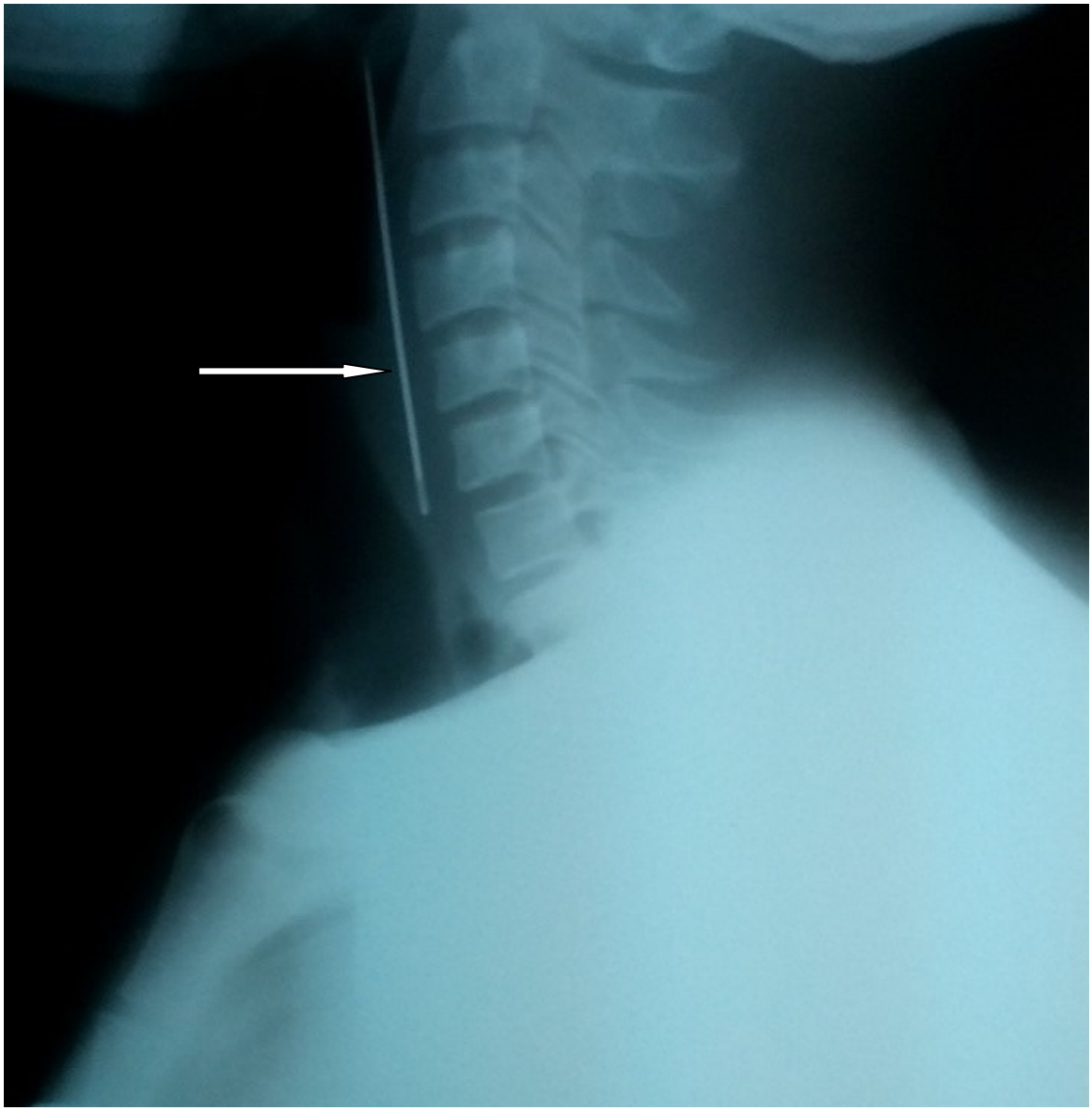

Fig. 1B
X-ray soft tissue neck LA view showing the foreign body as brought by patient from referral hospital

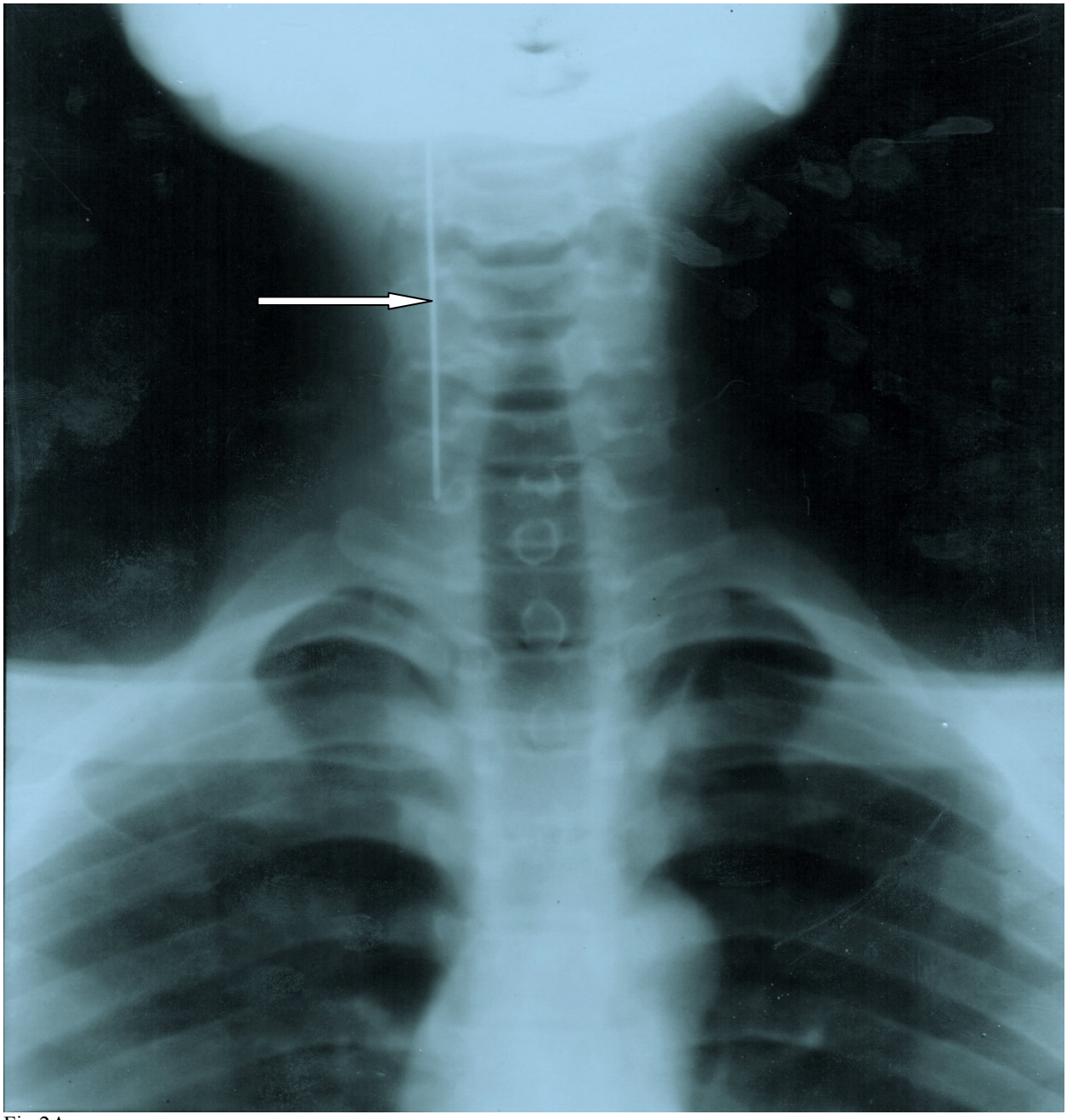

Fig.2A
Repeat x-ray soft tissue neck AP view on admission in our hospital showing foreign body in the same position as in fig. 1A (non-migratory)

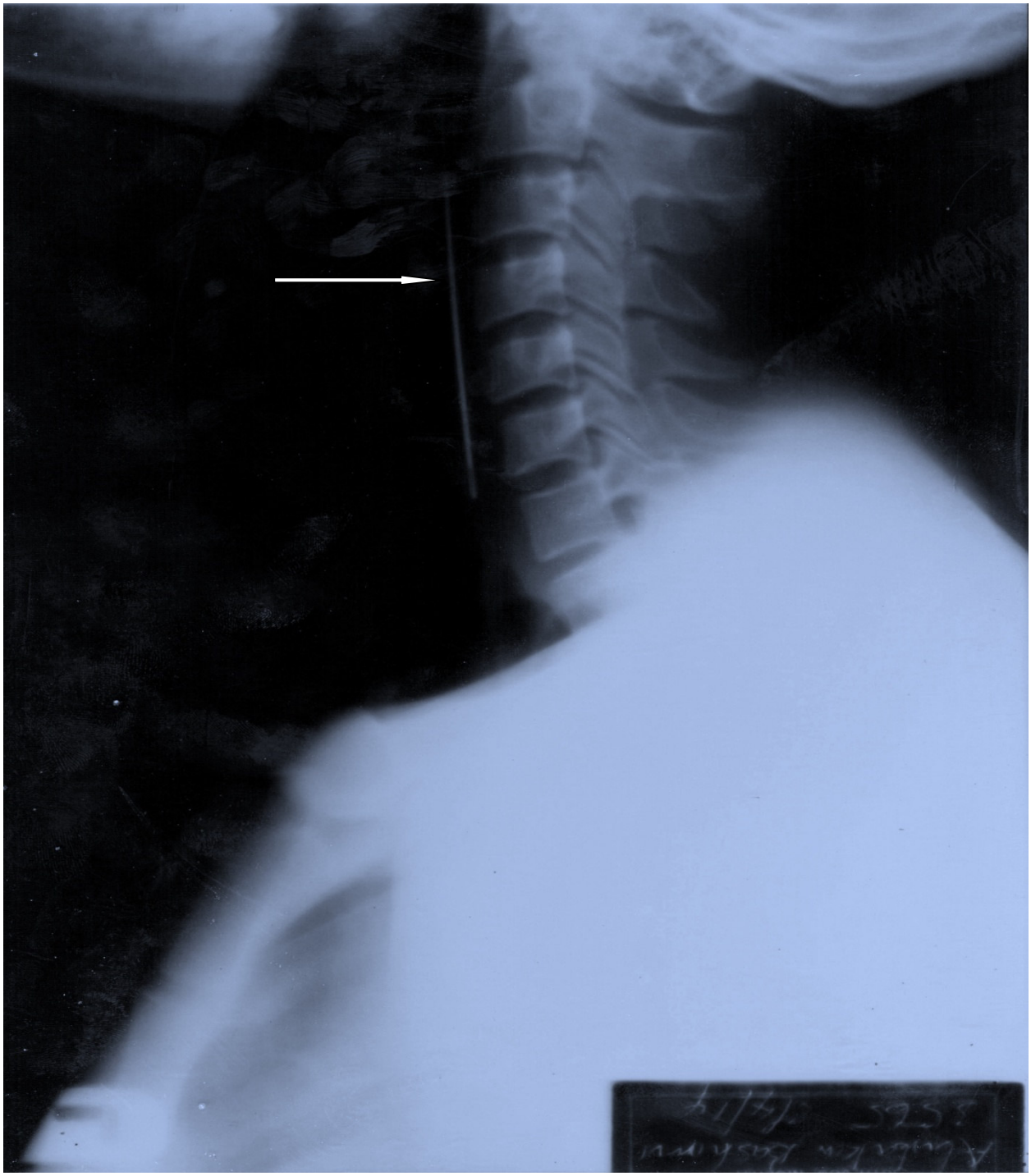

Fig. 2B

Repeat x-ray soft tissue neck LA view on admission in our hospital showing foreign body in the same position as in fig. 1B (non-migratory)

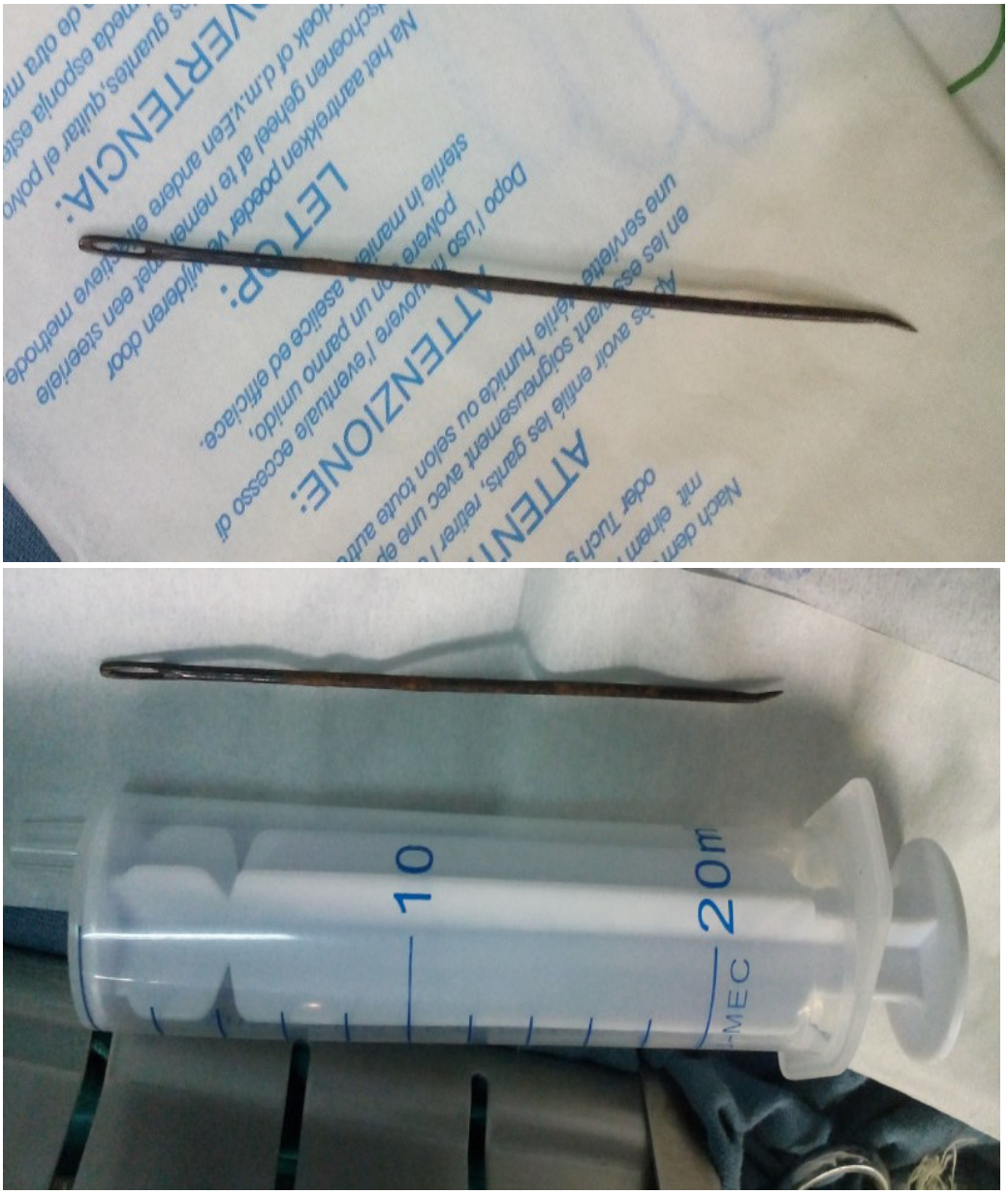

Fig. Foreign body as removed from the pharyngeal prevertebral tissue measuring about 8.5cm.

Competing interest

The authors declare that they have no competing interests.

Author's contributions

NLT was the principal surgeon, performed literature search and prepared the manuscript. AAA and KDD assisted in the surgery and the post-operative management of the patient.

NB- All reported cases mentioned in this write up are acknowledged in our references.

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