CASE REPORT

Migrating Foreign Body – An Unusual Presentation

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Summary

A case report of an ingested fish bone migrating to the subcutaneous tissue in the neck is presented. During its course of migration there was no significant morbidity. The usual management is to locate the foreign body and remove it. A review of the literature indicates that this is evidently a rare case.

Key Words: Oesophageal foreign body, Oesophageal perforation

Introduction

Ingested foreign bodies and impacted bones in the oesophagus resulting in perforation of the oesophagus is well known. This case demonstrates a rare sequelae resulting from a bone which perforated the oesophagus and migrated to the subcutaneous tissues in the neck.

Case Report

A Chinese male age 54 years was seen at a hospital with a history of swallowing a fish bone and subsequent pain and swelling of the left side of the neck. The patient complained that he developed pain in the throat and neck after he accidentally swallowed a fish bone about a week earlier. A few days after the incident, on taking soft diet, the pain reduced and become localised to the left side of the neck. Two days later he noticed a lump, which was pointing over the site of pain in the neck. However the pain on swallowing had reduced.

On examination the patient was not febrile. General condition was stable. Ear, nose and throat examination revealed nothing significant. Local examination of the neck revealed a lump which was pointing, tender and not warm to touch (Fig. 1). A X-ray of the neck (AP and lateral views) revealed a bone lying across the neck.

He was taken to the operation theatre and prepared for a neck exploration. On making the skin incision over the apex of the swelling, the bone was seen pointing in the subcutaneous plane. The bone was removed with care (Fig. 2). The skin incision was closed. The post operative period was uneventful. The patient had no dysphagia and was discharged well.

Discussion

The usual management in cases where the foreign body has migrated out of the pharynx or

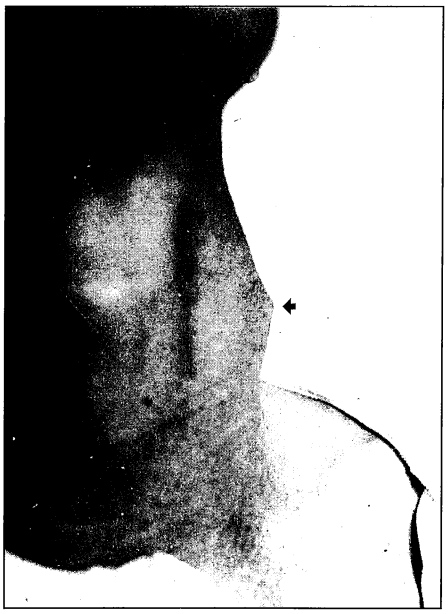

Fig. 1: The fish bone pointing at the left side of the neck.

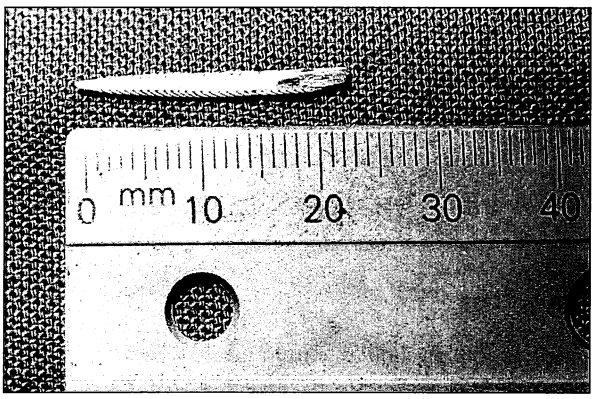

Fig. 2: The fish bone removed from the patient.

oesophagus into the neck, is to locate the foreign body using a plain X-ray of the neck and if necessary a CT scan[1]. Through a lateral pharyngotomy incision the retro or parapharyngeal space adjacent to the foreign body is explored. The foreign body can be located and removed.

Review of the literature shows that the cervical oesophagus is the commonest site of impaction by foreign bodies such as a fish bone. Studies of cases of oesophageal perforation demonstrate that the cervical oesophagus is the most frequently involved site followed by the thoracic and abdominal oesophagus. On reviewing literature from the Asian region, the foreign bodies in the oesophagus were commonly fish bones because of the Asian habit of consuming fish as a protein source[2]. In most cases of foreign body ingestion, perforation of the oesophagus by a sharp foreign body is an uncommon occurrence. Migration of a foreign body may also occur following a perforation of the oesophagus due to impaction of the foreign body in the oesophagus resulting in an inflammatory reaction or infection.

CT scans may be useful in evaluating the exact location especially if the foreign body lodges within structures in the neck and other areas outside the oesophagus.

However the morbidity of a cervival perforation resulting from a foreign body is less in comparison to thoraic oesophagus perforation which can lead to a fatality if not properly attended to as a result of mediastinitis or damage to vital structures like the aorta or heart. Foreign bodies perforating the cervical oesophagus usually result in para or retroesophageal abscess. These patients are usually treated by surgical drainage[3]. Stereider in 1950 reported a case where a foreign body, a wire, had

perforated the cervical oesophagus and presented subcutaneously in the neck[4]. It was similar to this case. Oesophago-aortic fistulas caused by sharp foreign bodies resulting in death have been reported[5].

Reference

1. Samuel D. Direct coronal and usual CT scan in the localisation of foreign bodies in the neck – Case report. Med J Malaysia 1990;45 : 335-9.

2. Nandi P, Ong GB. Foreign body in the oesophagus – review of 2394 cases. Br. J Surg 1978;65 : 5-9.

3. Parirolero PC, Trastek VF, Payne S. Oesophagus and Diaphragmatic Hernias. In: Schwartz, Shires, Spencer (eds). Principles of Surgery. Mc Graw Hill Book Company 1988;1145-50.

4. Strereider JW. Surgery of the oesophagus. N Engl J Med 1950;243 : 445-54.

5. Sloop RD, Thompson Jc. Aorta-esophageal fistula: report of a case and review of literature. Gastroenterology 53 : 768-77.