Fish in throat: An Unusual Foreign Body

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SUMMARY

A 19 year-old man was presented to us in a state of respiratory distress with history of alleged accidentally swallowed the live fish. Flexible nasopharyngolaryngoscope showed a big live fish impacted in the laryngopharynx. Attempts to remove the fish orally were futile as the fish was impacted. We resorted to tracheostomy under local anaesthesia, followed by direct laryngoscopy and removal of the fish under general anaesthesia. The literature review of such rare incidence and approach to such case are discussed.

KEY WORDS:
Live fish, throat, unusual foreign body

INTRODUCTION

Ingestion of fish bone is extremely common. On the other hand, one rarely ever heard of a live fish as a foreign body in the upper aerodigestive tract. We reported a case of a 15cm-long live fish (a species of climbing perch, anabas testudineus, also called Ikan puyu) in an adult's throat, and the poor man presented to us in respiratory distress. A timely emergency management has been done to save the patient successfully.

CASE REPORT

A 19 year-old man came to us in a state of respiratory distress after 2 hours of journey by ambulance to Sibu General Hospital. He alleged accidentally swallowed a live fish while he attempted to place a struggling fish (climbing perch, also known as Ikan puyu) onto a fishing hook as a bait. A fish tail can be seen, still slowly flapping on his dorsum of tongue. The patient was then leaning forward, struggling for air. Flexible nasopharyngolaryngoscope was performed and a big live fish was seen impacted in the oropharynx and laryngopharynx. Attempts to remove the fish orally had been futile as the fish head was impacted, with only parts of the tail were removed. Any manipulation only caused more distress and pain to the patient. Eventually, we resorted to tracheostomy under local anaesthesia, followed by direct laryngoscopy and removal of the fish under general anaesthesia. Oropharyngeal intubation was impossible gauging from the flexible scope view. Intraoperatively, the fish head was impacted in the cricopharynx with pharyngeal wounds from the deeply-embedded stiff spines on the fish. The embedded spines did not allow smooth removal of the fish tail wise. Eventually, we managed to remove the remaining of the fish in one piece with manipulation to dislodge the impacted head in cricopharyngeal segment first, and then grasped the fish head to deliver it head out first. After removal of the fish, we placed a nasogastric tube bypassing the pharyngeal wound to allow time for the wound to heal. We weaned it off together with the tracheostomy tube 3 days later. The patient was able to take orally well and repeat scope showed healing pharyngeal wounds upon discharge 5 days later.

DISCUSSION

Foreign body in aerodigestive tract is not uncommon and it is a major cause of ENT upper aerodigestive tract emergencies. However, a live fish in throat is rare and unusual although detailed research do reveal a handful of cases of live fish removed in throat, especially in India, Africa, and some western countries. The victim of live fish in throat ranged from as young as 6 months old to as old as 65 years old old. It is intriguing when the causes of swallowing live fish are explored. The habit of the victim biting the fish in mouth while trying to catch another in the fishing net is the most common cause of live fish ingestion in throat in the literature[1,2,3]. Other causes happened while elder child playing with the younger victim, or the victim swallows fish for alleged medicinal purposes as in curing asthma in India (Bathini fish medicine or Hyderabad fish therapy)[3].

There were a few challenges that we faced while managing this patient. First of all, the fish impaction was causing near total upper airway obstruction and we were unable to intubate the patient for proper anaesthesia. The patient was dyspnoeic and unable to lie supine. We had to resort to performing tracheostomy under local anaesthesia, with the patient in the sitting position, and the surgeon wearing head light while operating.

Secondly, there was technical difficulty in removing the culprit fish due to the reverse direction of the spines. The climbing perch, locally named ikan puyu, is a hardy fish. It has a labyrinth organ that can allow the fish to survive on land for seven hours. It was very challenging as the fish was alive and struggled to move deeper into the pharynx, and at the same time, due to the presence of sharp stiff spines on both the dorsum and ventral surfaces of the fish, it moved further in rather than out of the pharynx. Any attempt to pull the fish tail had been proven futile, as it not only forced the sharp spines into the pharyngeal mucosa causing further impaction, but also added on distress to the half-suffocated

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Fig. 1 : The fish was manipulated to turn the head out first with forceps and with help of direct laryngoscope. Note the sharp spines on the dorsum of fish.

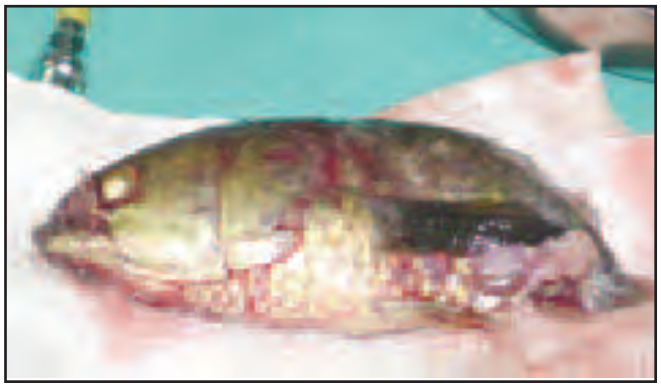

Fig. 2 : The remaining of the culprit measured 5x12cm after successful removal.

patient due to pain and swelling in the pharynx. Therefore, after the patient was anaesthetised after the tracheostomy, then only we were able to perform direct laryngoscopy to do manipulations to grab the fish head with forceps, and finally managed to deliver the fish head out first. This maneuver allowed the fish to be delivered with the sharp spines intact, thus minimised the trauma to the surrounding pharyngeal soft tissue.

Most of the survivors managed to have the fish removed either under local or general anaesthesia alone. However, our patient required tracheostomy due to the difficulties mentioned above. Documented complications of impacted fish include pharyngeal perforation[4], extensive wounds from the sharp spines of the fish embedded deep into the soft tissues of pharynx, and death from total upper airway obstruction[5].

In view of the urgency of protecting airway in patient with a live fish in the throat, it is of utmost importance to accurately assess the time-to-time condition of the patient, and identify the feasibility of removing the foreign body under local anaesthesia, general anaesthesia, or even more aggressively, tracheostomy. Staff in emergency department, especially those working in district hospital, should be trained to resuscitate the patient before referring to otolaryngologists and learn to do emergency cricothyrotomy or tracheostomy to secure airway, in order to avoid evitable death.

CONCLUSION

Live fish in aerodigestive tract is uncommon but timely intervention and a proper approach to such case is deemed life-saving. Emergency tracheostomy must be anticipated and done without delay if oropharyngeal intubation is impossible, or when upper airway obstruction is anticipated after removal of foreign body due to upper airway soft tissue swelling.

REFERENCES

1. Mudit Mittal, Rajesh Yadav, Neerav Mody, P. V. Dhond. Live Fish: Unique Foreign Body Throat. Bombay Hospital Journal 2011, 53(4): 804.
2. AD Dunmade, TG Olajide, FE Ologe, Segun Segun-Busari. Whole fish as an unusual foreign body in the throat: a case report. Nigerian Journal of Otorhinolaryngology 2006; 3(1): 30-5.
3. Rohan R Walvekar, Haritosh Velankar, Pramod Shiralkar, KA Pradhan. "Live Fish" in The Throat - An Unusual Foreign Body. Bombay Hospital Journal 2003 July; 45(3): 496.
4. Jeffrey P. Kanne, F.A. Mann. Pharyngeal perforation from an impacted fish. American Journal of Roengenology March 2004; 82(3): 802.
5. Pinheiro, João MD, MsSci; Cordeiro, Cristina MD; Vieira, Duarte Nuno MD, MsSci, PhD. Choking Death on a Live Fish (Dicologoglossa cuneata). American Journal of Forensic Medicine & Pathology 2003 June; 24(2): 177-8.