

CASE REPORT

NOT ALL FOREIGN BODIES OF UPPER DIGESTIVE TRACT ARE ACCIDENTAL

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ABSTRACT: OBJECTIVE: To give the message that a sharp foreign body in the upper gastrointestinal tract in a female child is to be seen with caution as it could be a case of infanticidal attempt. **CASE REPORT:** A two and half month old baby presented with history of refusal of feeds for one day of sudden onset and was irritable. X ray neck revealed two pieces of radio-opaque razor blades in the region of cricopharynx and proximal oesophagus. They were retrieved immediately by performing rigid oesophagoscopy with minimal mucosal tears. **CONCLUSION:** In developing countries where female infanticide rates are high, any sharp foreign bodies in upper digestive tract could be a case of infanticide and early removal is the key to prevent serious life threatening complications.

KEYWORDS: Razor blade, rigid oesophagoscopy, infanticide.

INTRODUCTION: An Otolaryngologist frequently encounters foreign bodies in the upper digestive tract, commonest site being cricopharynx. Children are the common victims owing to the inherent curiosity they possess. Majority are common objects like coin, pencil, rubber, plastic etc., which can be easily retrieved by performing rigid oesophagoscopy. Metallic foreign bodies account for about 9 % of cases.⁽¹⁾ The sharp ones like safety pins, dentures, drawing pins, blades, wires, glass pieces, tooth picks etc., are quite challenging as they cause serious life threatening consequences and requires immediate intervention. These sharp foreign bodies usually tend to get stuck at the level of upper oesophagus and direct vision or laryngoscopic aided view helps in the diagnosis as well as extraction.⁽²⁾ In adults, the foreign body ingestion is invariably either accidental or with a suicidal intent. On the contrary, in paediatric age group it is almost all accidental and rarely homicidal.

Since there is an increase in incidence of female infanticide cases in India, forcing a foreign body into the throat to cause bleeding and aspiration leading to death have been reported quite often. The present paper highlights the youngest reported case of foreign body in the oesophagus with a homicidal intent.

CASE REPORT: A two and half month old female baby presented to the ENT outpatient department with history of refusal of feeds for one day of sudden onset. History of fever was absent. The child was irritable. Clinical examination of oral cavity, oropharynx and neck examination were normal. Respiratory system examination and other systemic examinations were normal.

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X ray of the neck and chest were performed, surprisingly revealed two radio-opaque razor blades lodged at the level of C5-C6. There was dilemma whether to remove by rigid oesophgscopy or by external approach. Looking at the morbidity involved with the latter approach it was decided to go for rigid oesophgscopy.



Figure 1

Caption: X ray neck and chest revealing two radio opaque foreign bodies.

Wasting no time, under general anaesthesia, both the pieces were removed with minimal mucosal trauma. The proximal larger one measured 2cm X 1cm and was found in cricopharynx and the distal smaller one measured 0.75cm X 1cm and was found in the proximal part of oesophagus just below the first one. Patient was put on Ryle's tube for four days. The edges of the blades were checked and were blunt probably indicating that they were used ones.

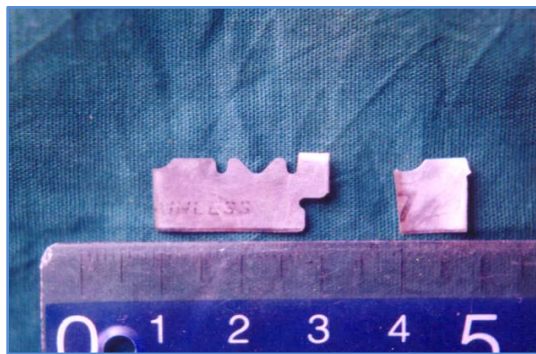


Figure 2

Caption: Removed foreign bodies.

As the hand-mouth co-ordination develops at around six months, it was impossible for a two and half month child to swallow anything on its own. On interrogation, it was found that it was an infanticidal attempt.

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DISCUSSION: Foreign body in upper gastro-intestinal tract is a common problem in paediatric age group, seen usually in children between six months to six years.⁽³⁾ Usually they are accidental. In countries like India, parents prefer a male child over a female one, in the belief that they will be looked after in their old age, avoid hefty dowry and other social beliefs. This has led to high female infanticide rate making one to consider a homicidal angle in cases of sharp and unusual foreign bodies.

The youngest case of foreign body reported to the best of our knowledge is a case of child abuse where a four and half month old female infant had died and on autopsy, three coins were removed from oesophagus. The child also had cutaneous contusions and healed fractures of the extremities.⁽⁴⁾ In the present case, we are reporting the youngest child with a sharp foreign body in the oesophagus as an infanticidal attempt. In a similar case, razor blade in oesophagus was reported in a seven year old boy but it was accidental.⁽⁵⁾ In a case reported by Hunt, the deliberate ingestion of razor blade into oesophagus had resulted in aorto-oesophageal perforation with massive hemothorax.⁽⁶⁾

Sharp foreign bodies have the capability to cause either erosion or perforation of the oesophageal wall.⁽⁵⁾ Once perforated, they can then even migrate to the subcutaneous area of neck,⁽⁷⁾ to thyroid gland⁽⁸⁾ or can even cause tracheo-oesophageal fistula⁽⁶⁾ A case of safety pin in the left atrium has also been reported which found its way after penetrating oesophagus and pericardium.⁽⁹⁾

CONCLUSION: An infant, especially female with sharp foreign body in the aero-digestive tract should be looked with caution. The sharp foreign body should be removed at the earliest to prevent serious complications. It is high time that serious remedial measures are taken to curb the menace of female infanticide and social awareness needs to be created among the public.

REFERENCES:

1. Singh A, Bajpai M, Panda SS, Chand K, Jana M, Ali A. Oesophageal foreign body in children: 15 years-experience in a tertiary care paediatric centre. *Afr J Paediatr Surg*. 2014 Jul-Sep; 11 (3): 238-41.
2. Arana A HB, Hachimi-Idrissi S, Vandenplas Y. Management of ingested foreign bodies in childhood and review of the literature. *Eur J Pediatr* 2001; 160: 468-72.
3. WA W. Management of foreign bodies of the upper gastrointestinal tract: Update. *Gastrointestinal Endoscopy*. 1995; 41 (1): 39-51.
4. Nolte KB. Esophageal foreign bodies as child abuse. Potential fatal mechanisms. *The American journal of forensic medicine and pathology*. 1993 Dec; 14 (4): 323-6.
5. Wadhera R GS, Garg A, Ghai A. An unusual sharp foreign body esophagus: A razor blade. *The Internet journal of Head and Neck surgery*. 2006; 2 (1).
6. Hunt I, Hartley S, Alwahab Y, Birkill GJ. Aortoesophageal perforation following ingestion of razorblades with massive haemothorax. *Eur J Cardiothorac Surg*. 2007 May; 31 (5): 946-8.
7. Strieder. Surgery of the esophagus. *N Engl J Med* 1950; 243: 445-54.
8. Jemerin EF AJ. Foreign body in thyroid following perforation of esophagus. *Surgery* 1949; 25: 52-9.

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9. Spitz L KC, Nguyen K, Yates R, Deleval M. Perforation of the heart by a swallowed open safety-pin in an infant. JR Coll Surg 1998; 43 (4): 114-6.

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