

# CASE REPORT

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## UNUSUAL SOFT PALATE FOREIGN BODY: A CASE REPORT

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**ABSTRACT:** Foreign bodies impacted in the soft palate are very rare. When they occur, it is the infants and children that are affected most. It is very difficult to diagnose them unless a careful and good history is taken. Most of them are diagnosed on the operating table when posted for examination under anaesthesia. Here, we present a case of long standing foreign body of soft palate of nearly one month duration. A brief literature review is also presented.

**KEYWORDS:** Foreign body, soft palate, children.

**INTRODUCTION:** Foreign bodies of soft palate are unusual findings and can mimic other oral lesions such as infections and neoplasms.<sup>[1]</sup> Infants and children are the most commonly affected population group because of their behavior such as oral curiosity and thumb sucking.<sup>[2]</sup> They may not be discovered by parents and other clinicians.

In this case study we present a penetrated, submerged and impacted one month old foreign body of soft palate presenting as an infection, after multiple otolaryngology and physician consultations.

**CASE REPORT:** A 4 year old boy was brought to our OPD with a complaint of difficulty of swallowing for the last one month. He was being treated by different doctors as tonsillitis, pharyngitis and peritonsillitis with no response. A neck and chest x-ray were performed which were normal.

A careful history revealed the development of the symptom after the child was injured in the oral cavity while playing with a broomstick. Initially there was pain and fever, the fever subsided after medical management but the difficulty of swallowing persisted.

On examination, the right anterior pillar was congested, soft palate slightly oedematous and the uvula is slightly deviated to the left side. There was a white pus point in the upper part of the congested anterior pillar mimicking a peritonsillar abscess.

We explored under general anaesthesia. A nick was given over the pus point, minimal pus drained out from the incision site, the soft tissue was separated with a sinus forceps and a wooden foreign body was seen lodged deep inside which was removed. It turned out to be a 1.5cm broken piece from a wooden broomstick.

The patient recovered uneventfully with no postoperative complications. The child was discharged one day after surgery.

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**DISCUSSION:** Foreign bodies of the palate are rare occurrences with only limited reported cases in the literature.<sup>[3]</sup> The possibility of children inserting objects into their oral cavity is the main reason why palatal foreign bodies and injuries are most common in this age group.<sup>[4]</sup>

Numerous foreign bodies have been found impacted in palate by various authors. The most common objects recorded include shells, wooden piece, screw caps, coins, and false fingernails.<sup>[5,6,7]</sup> A suction effect can easily affix these concave objects to the mucosa. Additional behavioral factors such as thumb sucking can serve to enhance the attachment.<sup>[2]</sup>

The majority of foreign bodies are found on the operating table when posted for examination under anaesthesia. Initial diagnoses often include inflammatory, infectious and neoplastic conditions.<sup>[8]</sup> These lesions present as a diagnostic dilemma as differentiating them from pathologies like neoplasms and granulomatous lesions can be at times difficult.<sup>[9]</sup> The diagnosis of foreign body impactions is often delayed by a number of factors. First, clinicians often fail to obtain adequate history due to child`s young age.<sup>[9,2]</sup> Second, children are usually not cooperative for clinical examination.<sup>[9,10]</sup> Third, imaging studies are usually inconclusive.<sup>[2,10]</sup> Strong clinical suspicion along with exploration, if required, under anesthesia is required for accurate diagnosis.<sup>[1]</sup>

**CONCLUSION:** Impacted foreign bodies of the soft palate, though rare, should be included in the differential diagnosis of oral and palatal lesions of a child. A thorough history and physical examination accompanied by the consideration of a foreign body in the pediatric age group can help direct the clinician toward the correct diagnosis. Examining a child under anesthesia may have the additional benefit of allowing the lesion to be removed or biopsied if necessary. Diagnosis and treatment is simple if suspected.

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**Fig. 1**



**Fig. 2**



**Fig. 3**

**Fig. 1:** F B – Foreign Body: Foreign body of Soft palate mimicking a peritonsillar abscess.

**Fig. 2:** The Impacted foreign body being removed from the soft palate.

**Fig. 3:** 1.5cm removed foreign body.

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