

A Case of Foreign Body in the Larynx

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Recently an uncommon patient with a papillomatous granulation embedded a fish bone on the area of the left sided false cord, near the anterior commissure, was observed and treated. After case presentation, a few comments will be made.

CASE

H. T. — This 38-year-old woman misswallowed a fish bone (Azi) at supper on June 10th, 1970. Since then, she complained of unsteady feeling in the throat. Next day she visited a surgeon, but had no satisfactory result without removal. Two months later, she developed hoarseness in addition to the unsteady feeling. So she was seen at our clinic on August 17th. Indirect laryngoscopy revealed a dark reddish papillomatous mass on the area of vocal cords near the anterior commissure. Both true cords were slightly reddened and those movements were good. The left sided false cord was slightly swollen. A fish bone was unable to be observed anywhere. There was no other abnormal finding in ears, nose, mouth and pharynx. General physical examination was within normal limits. Next day, she was performed on removal of laryngeal papillomatous mass by means of Karl Reiner's laryngeal forceps under topical anesthesia with spray of 4 per cent xylocain solution. A yellowish brown fish bone, V shaped, was removed together with the mass. The mass seems to originate on the left sided false cord. It had wide steel, poor movement, smooth surface, elastic soft consistence and was dark flesh in color (Fig. 1).

Pathological report: August 25th, 1970: Microscopic: The tissue was granulation which was surmounted by squamous epithelium. There were many new bone capillaren and infiltration of inflammatory small round cells in subepithelial layer. Diagnosis: Inflammatory and granulomatous tissue. (Pathological Department of Yamaguchi Red Cross Hospital) (Fig. 2)

COMMENT

According to Drs. Sasaki's¹⁾ and Ono's²⁾ statistical reports in our country, the

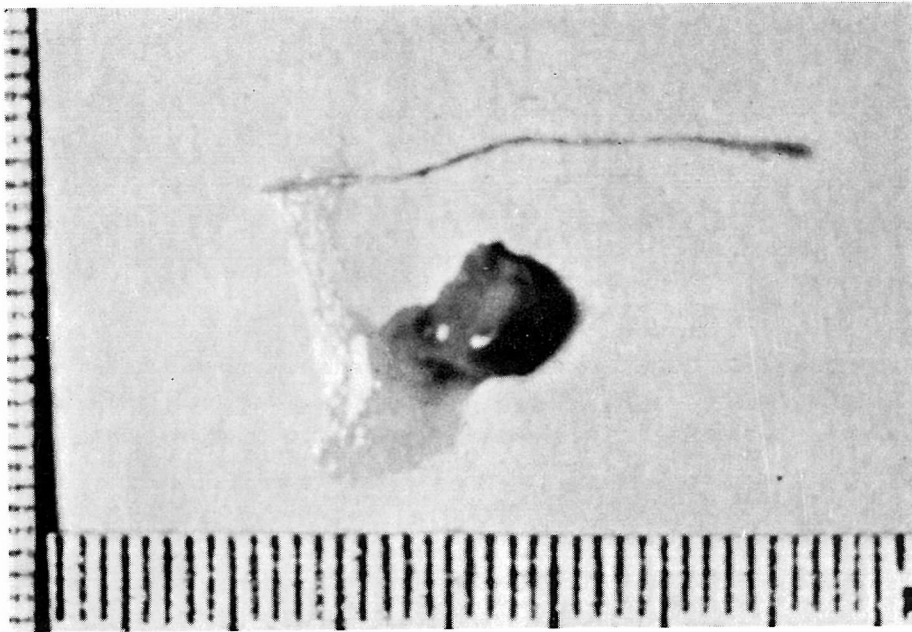


Fig. 1. Removed a yellowish brown fish bone and a papillomatous mass.

total number of laryngeal foreign bodies occupies 14 to 15 per cent of those in lower respiratory tract.

As laryngeal foreign bodies, fish bone, needle, nail, green peas, toy, artificial tooth and so on have been often reported by many authors.

Laryngeal foreign bodies are reported in children more frequent than other. And also male is more frequent than female.

A laryngeal foreign body is apt to be found and removed because of such complaints as unsteady feeling in the throat, pain in swallowing, cough, hoarseness, dyspnea and so on after having swallowed it. So the period of lodgement of a foreign body in larynx is relatively short. If a foreign body keeps embedded in larynx without removal, following complications should be considered; the abscess of larynx, surrounding tissue of trachea, the infection of mediastinum, the fixation of vocal cords, papilloma,³⁾ granulation and so on.⁴⁾ A foreign body is apt to be found in the patient's larynx who has such complication as those.

In foreign countries, there are some reported cases of foreign body of long period of lodgement in larynx.

In our country, most of reported cases are relatively short in period⁵⁾⁶⁾⁷⁾⁸⁾ (Fig. 3).

The period of this case is 69 days. It seems to be a rare case of relative long period in our country.

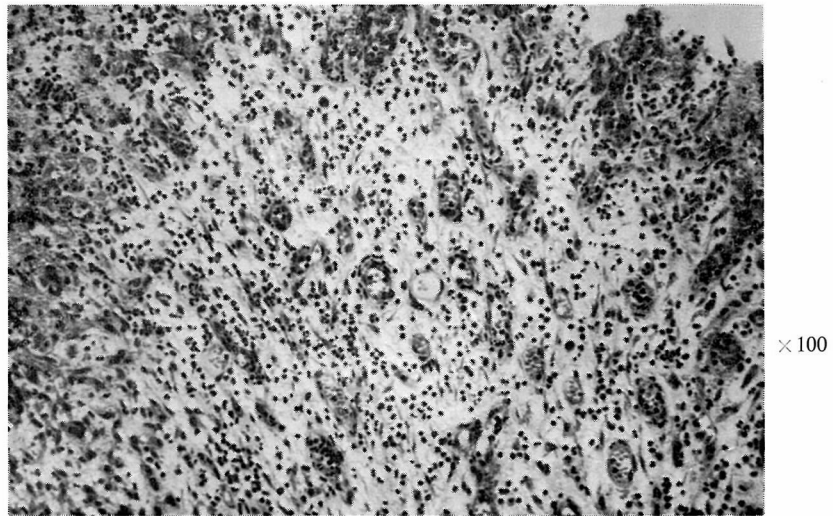
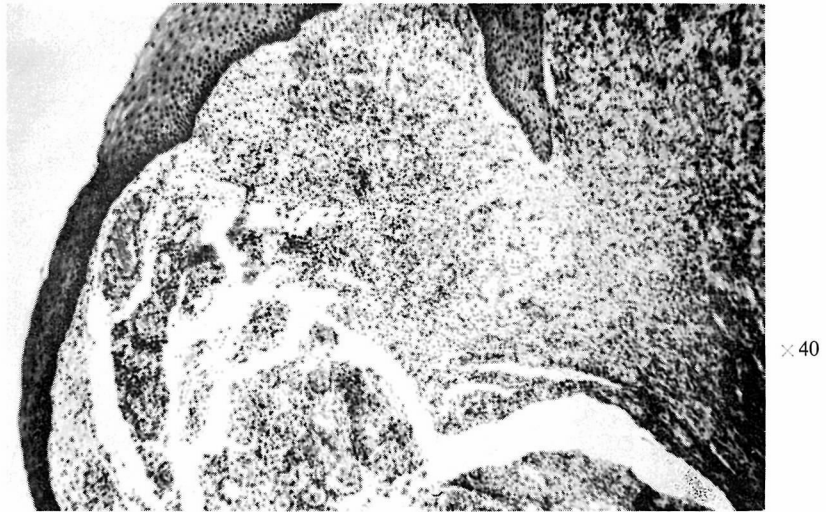


Fig. 2. Histopathological section of the papillomatous granulation which was stained with hematoxylin-eosin.

Fig. 3. Period of Lodging in Larynx of Foreign Body (Ueda)

Reportor	Period of Lodging in Larynx
Nadel and Ravenel	33 years
Schmidt	8
Spiess and Grossmann	6
Ueda and Yamashita	6 months
Okazima	6
Endo	104 days
Kawata	80
This case	69
Hiroto	50
Takahashi	45
Tsuchiya	25
	10
Tatsuno	9
Matsui	8

SUMMARY

A case of laryngeal foreign body (a fish bone like a needle) is reported. The fish bone was removed together with a relative large papillomatous granulation from the left sided false cord after embedding of 69 days.

ACKNOWLEDGEMENT

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