

Perforating Foreign Body in the Pharynx

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A review of the literature concerning foreign bodies in the air and food passages over past 10 years shows that perforating foreign body in the pharynx with unusual course is a rare complication. Up to date only a few cases has been described. Maffei¹ reported a case of a needle in the hypopharynx with vertebral osteitis as a complication. Appaix and Goubert² reviewed a case of penetration of the pharyngeal wall by a pin with a resultant collection of pus two months later. Bradbeer³ described a case of perforation of the pharyngeal wall by a silver hard white material. The following case report is of interest because of the unusual course taken by a swallowed foreign body after perforating the wall of the pharynx.

REPORT OF A CASE

A 31-year-old neurotic depressive woman was admitted to the Hospital of the Yamaguchi University Medical School with a complaint of a painful lump in the left neck after swallowing a needle for the purpose of suiciding 14 days before admission. Immediately after swallowing the needle, she suffered from severe pain on the hypopharynx with cough for a few hours. No one of her family knew about this trouble, because of no serious bloody sputum or no dyspnea until she complained of a painful lump on the neck 7 days before admission. She refused to be examined. However, the mass on the neck has being increased in size so that her brother brought her in our Department to remove the foreign body.

On examination a smooth and soft mass, 4 × 5 cm. in size, which moved up and down when swallowing, was encountered on the neck beside the left ala of the thyroid cartilage extending more laterally. On laryngeal examination the left aryepiglottic fold was slightly swollen and the pyriform sinus on the left side was somewhat edematous. There was no other sign of a foreign body. X-ray of the neck (Fig. 1, 2 and 3) showed the presence of a linear opacity about 2 cm. long opposite the intervertebral disk between the fifth and sixth cervical vertebrae. Judging from the pictures of the X-ray, it was considered that the foreign body does not locate in the air or food passage, but in the surrounding soft tissue of the larynx.

Decision was made to remove the foreign body by an external approach. This was immediately preceded by the endoscopy which verified that no foreign body was found in the air or food passage. An incision 5 cm. long was made along the anterior margin of the left sternocleidomastoid muscle with its midpoint opposite

the center of the mass. After exposing the sternocleidomastoid, omohyoid and sternohyoid muscles, an abscess was identified just beneath the omohyoid and sternohyoid muscles. There were adhesions between the abscess wall and these muscles. The abscess was opened with a small incision, and then pus was evacuated by suction. The foreign body was found in the abscess cavity. It was extracted and the wound was closed with drainage. The patient made an uneventful recovery, the laryngeal appearances returning to normal. The foreign body was a straight needle, 2.3 cm. in length and black in color (Fig. 4).

COMMENT

In this case the course of the foreign body (a needle) appears to be that after entering the left pyriform sinus, it passed through the mucous membrane in its area and made an abscess in the peri-laryngeal tissue on the left side.

SUMMARY

A case of perforating foreign body in the pharynx with unusual course is reported.

REFERENCES

1. Maffei G.: Unusual location of a foreign body in the hypopharynx with vertebral osteitis as a complication, *Arch. ital. Laring.* **59**: 114-121, 1951.
2. Appaix A. and Goubert A.: Penetration of the pharyngeal wall by a foreign body (pin) with a resultant collection of pus two months later, *Ann. Oto-laryng. (Paris)*. **69**: 698-700, 1953
3. Bradbeer T. L.: Perforating foreign body with unusual cause (perforating the pharynx), *J. Laryng.* **70**: 714-718, 1956.



Fig. 1—The X-ray shows position of a needle after 14 days of swallowing it.

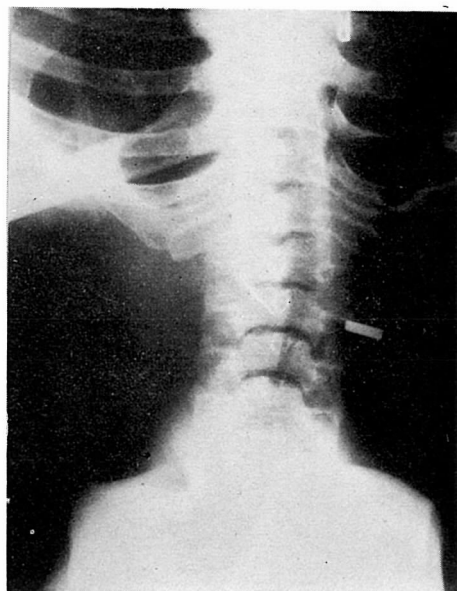


Fig. 2—14 days after swallowed, a needle is seen out of the air passage. Considerable swelling is also seen on the left neck.



Fig. 3—The arrow indicates a needle locating out of the food passage.

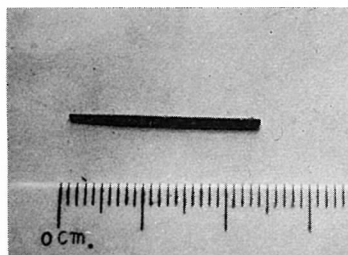


Fig. 4—The foreign body.