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Quiz

A preschooler with sudden onset of dysphagia

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Case Summary

A 5-year-old boy presented with sudden onset of dysphagia. History of foreign body ingestion was documented prior to presentation. On examination, the patient was comfortable under room air. Air entry was good bilaterally. A lateral neck radiograph was obtained (Fig. 1).

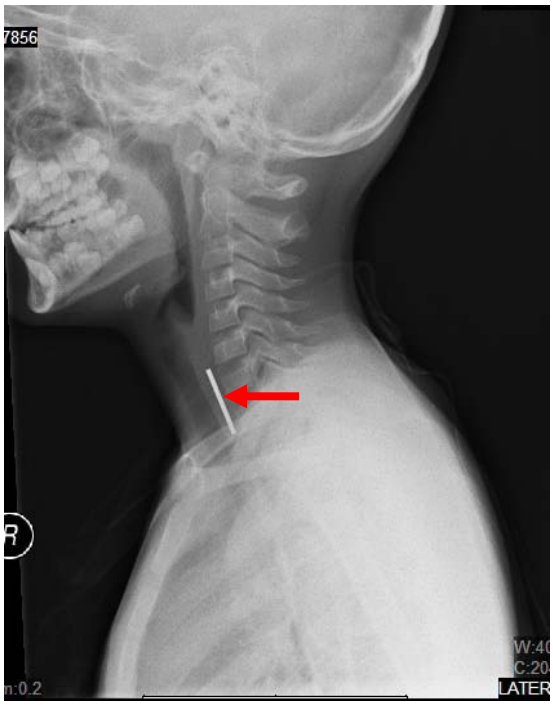

Fig. 1 A lateral neck radiograph of the patient.

Questions

Q1. State the findings in Fig. 1.
Q2. What is the required investigation to confirm the diagnosis?
Q3. What is the next step of management?

(Answer and discussion on the next page)

Answers

A1: There is a vertically-placed opaque foreign body located posterior to the airway. The location is most likely at the upper oesophageal sphincter (6th cervical vertebra level), which is the commonest site of foreign body impaction in the upper gastrointestinal (GI) tract (Emara *et al.*, 2014; Singh *et al.*, 2014). It is at the level of cricopharyngeus muscle, the first constriction of the oesophagus. The history of foreign body ingestion was very important as majority of patient will have no other associated symptom (Emara *et al.*, 2014).

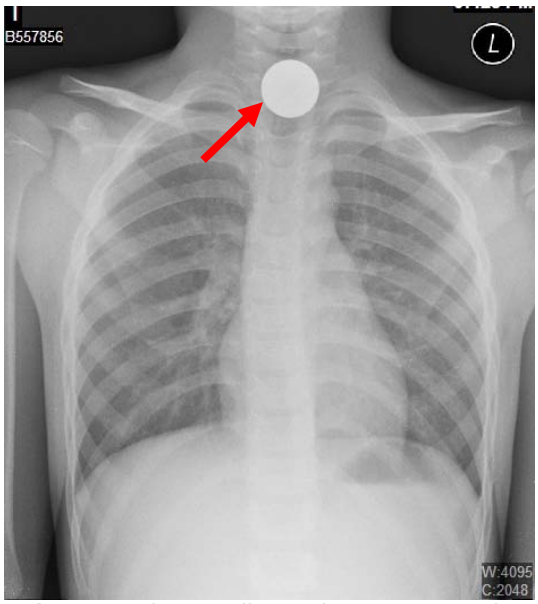

Fig. 2 A chest radiograph posteroanterior of the patient

A2: A chest radiograph posteroanterior (PA) view is required to confirm the nature of the foreign body (Fig. 2). Besides that, it also enables the detection of other radio-opaque foreign body in the oesophagus, in cases of multiple coins ingestion (Yaliwal *et al.*, 2014). In our case, a round-shaped opaque foreign body is well demonstrated. It is almost confirm that it is a coin. Coin is the commonest ingested foreign bodies, reported in large series of case collections (Emara *et al.*, 2014; Singh *et al.*, 2014). Depending on the size, a large foreign body may produce obstructive symptoms and not uncommonly the foreign bodies that manage to pass beyond the oesophagus sometimes go for spontaneous passage (Emara *et al.*, 2014). The patient may become asymptomatic. However complications in neglected foreign body cases such as oesophageal perforation, tracheo-oesophageal fistula and aorto-oesophageal fistula and death have been reported (Raval *et al.*, 2004).

A3: The patient should be referred immediately to the ORL team. In patient needing general anaesthesia, the patient can be fasted (nil per oral) at the time of referral. This is to expedite the process of removal of foreign body under general anaesthesia. Removal of coin can be performed either with rigid laryngoscopy and oesophagoscopy. In selected cases, upper GI endoscopy under conscious sedation can be opted (Emara *et al.*, 2014).

References

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