



Shi Nee T¹, Gopalan KN² and Primuharsa Putra SHA^{3*}

¹KPJ Healthcare University College, Nilai, Negeri Sembilan, Malaysia

²Ear, Nose and Throat-Head & Neck Consultant Clinic, Lam Wah Ee Hospital, Penang, Malaysia

³Ear, Nose and Throat-Head & Neck Consultant Clinic, KPJ Seremban Specialist Hospital/ KPJ Healthcare University College, Negeri Sembilan, Malaysia

Dates: Received: 13 June, 2017; Accepted: 22 August, 2017; Published: 23 August, 2017

***Corresponding author:** Primuharsa Putra Sabir Husin Athar, Ear, Nose and Throat-Head & Neck Consultant Clinic, KPJ Seremban Specialist Hospital, Jalan Toman 1, Kemayan Square, 70200 Seremban, Negeri Sembilan, Malaysia, Tel No: 06-7677800; Fax: 06-7675900; E-mail: putrani@yahoo.co.uk

Keywords: Foreign body throat; Spoon

<https://www.peertechz.com>

Case Report

An extraordinary case of a hungry man: an unusual foreign body - A Case Report

Abstract

This case reports a rare case of accidental metal spoon swallowed by a normal adult which was successfully removed without complication under local anesthesia using a McGill forceps via laryngoscope. Aerodigestive foreign bodies are almost always managed by the otolaryngologist. This is the rarest foreign body of the metal spoon being swallowed by a normal adult by accident. Early removal is mandatory as this may lead to devastating complications.

Introduction

Otolaryngologists always dealt with foreign bodies of the upper aerodigestive tract which may pose major challenges in both the diagnosis and management. Commonly, foreign bodies are seen in young children [1,2] or patients with mental illness [3], intellectual impairment, and prisoners [4]. However, in some circumstances, it can be seen in older children and adult. When this occurs, it is usually of the accidental cause. In an adult, the typical foreign bodies which were reported are fish bone [5], denture or part of the dentures [6], sewing needle [7], pill capsule [8], toothbrush [9,10] and others have been reported.

Intervention in removal is rarely needed as most of the ingested materials easily pass through gastrointestinal tract spontaneously [11]. Unfortunately, the metal spoon is a rare pharyngeal foreign body and due to its size and shape, it cannot go through the gastrointestinal tract spontaneously. According to the PubMed search, there is no reported case of such foreign body. We report the first extraordinary case of a normal hungry man who accidentally ingested a metal spoon.

Case Report

A 57-year-old Chinese gentleman presented to us with a history of accidentally swallowing a spoon whilst having his lunch. He ate his lunch in a hurry and in his haste his fingers slipped and he swallowed the spoon he has been scooping the rice with. He had severe discomfort of the throat but no

difficulty in breathing. He was seen in the accident & emergency department where he was attended to.

On examination he was comfortable. He still able to talk and no difficulty in breathing. He had slight drooling of saliva. Throat examination using tongue depressor at accident and emergency room revealed the tip of spoon in the oropharynx.

Lateral neck X-Ray (Figure 1), revealed the spoon in the posterior pharynx in a vertical position with the broad base at the cricopharynx.



Figure 1: Lateral plain x-ray of the neck shows radio-opaque foreign body resembling spoon.

A laryngoscope was used after applying the local anesthetic to the oropharynx with lignocaine spray. Surprisingly the patient co-operated well and the spoon was removed with a McGill forceps. Removal was done in supine position without any sedation. There was no evidence of injury of the oropharynx or the hypopharynx which was visualized with a flexible scope. He was discharged well.

Discussion

This unusual case is unique and highlights to the society about the negligence and disregard to own's safety and probably poverty. The authors have not seen such foreign body as well as any similar predisposing factor or cause reported in the literature. The commonly swallowed materials are small bones, coins, and buttons.

The reported case, the tip of the spoon was visualized at the level of the oropharynx. Due to the shape of the metal spoon, it followed the curvature of the pharynx down in a vertical shape posteriorly and lie on the cricopharyngeal space. Thus, there were no signs of airway obstruction.

Any impacted foreign body is medical emergencies because of the potential complications such as perforation, infection, and pressure necrosis [12,13].

In this case, active intervention in the form of laryngoscope and removal with McGill forceps was undertaken as the spontaneous passage of the metal spoon was unlikely.

Prompt and early intervention is of paramount importance as the prognosis of ingested foreign body is usually good especially with the early presentation, diagnosis, and management.

Until this moment, there was no reported metal spoon as a foreign body which was successfully removed without complication.

This case report is reported to enlighten the public to be aware that such foreign body can be accidentally dislodged on hurried eating.

Conclusion

Accidental ingestion of foreign bodies is common in our day to day busy life, but in addition may be due to our carelessness and ignorance. The authors advocate public, the awareness on the danger of hurried eating.

References

1. Coskun BU, Sozen E, Unsal O, Dadaş B (2006) Ear, nose and upper gastrointestinal system foreign bodies in children. *Türk Otolarengoloji Arşivi* 44: 77–80.
2. Chiun KC, Tang IP, Tan TY, Jong DE (2012) Review of ear, nose and throat foreign bodies in Sarawak General Hospital. A five year experience. *Med J Malaysia* 67: 17–20. [Link: https://goo.gl/hin8To](https://goo.gl/hin8To)
3. Gitlin DF, Caplan JP, Rogers MP, Avni-Barron O, Braun I, et al. (2007) Foreign-body ingestion in patients with personality disorders. *Psychosomatic* 48: 162-166. [Link: https://goo.gl/rYB6td](https://goo.gl/rYB6td)
4. Losanoff JE, Kjossev KT (2001) Gastrointestinal "crosses": an indication for surgery. *J Clin Gastroenterol* 33: 310-314. [Link: https://goo.gl/jysC8e](https://goo.gl/jysC8e)
5. Hsu CL, Chen CW (2011) A prolonged buried fish bone mimicking Ludwig angina. *Am J Otolaryngol* 32: 75–76. [Link: https://goo.gl/yTffXj](https://goo.gl/yTffXj)
6. Haidary A, Leider JS, Silbergleit R (2007) Unsuspected swallowing of a partial denture. *AJNR Am J Neuroradiol* 28: 1734-1735. [Link: https://goo.gl/R3FNJ3](https://goo.gl/R3FNJ3)
7. Arora S, Sharma JK, Pippal SK, Sethi Y, Yadav A, et al. (2009) An unusual foreign body (sewing needle tip) in the tonsils. *Braz J Otorhinolaryngol* 75: 908. [Link: https://goo.gl/Lse7go](https://goo.gl/Lse7go)
8. Baxter EL, Rubin AD (2010) Retained pill capsule remnant in pyriform sinus. *Ear Nose Throat J* 89: E19–20. [Link: https://goo.gl/5PcU5o](https://goo.gl/5PcU5o)
9. Faust J, Schreiner O (2001) A swallowed toothbrush. *Lancet* 357: 1012. [Link: https://goo.gl/7wuCMf](https://goo.gl/7wuCMf)
10. Shashidhar K, Hebbar AK, Leena K (2013) An unusual foreign body tooth brush in esophagus: a case report. *Int J Res Med Sci* 1: 574-575. [Link: https://goo.gl/uqZBEQ](https://goo.gl/uqZBEQ)
11. Kim IH, Kim HC, Koh KH, Kim SH, Kim SW, et al. (2007) Journey of a swallowed toothbrush to the colon. *Korean J Intern Med* 22: 106-108. [Link: https://goo.gl/XbsutV](https://goo.gl/XbsutV)
12. Kara I, Ulutabanca H, Kokoglu K, Gunes MS, Çağlı S (2016) Pencil in the pharynx: Case report of a penetrating foreign body. *Ulus Travma Acil Cerrahi Derg* 22: 402-404. [Link: https://goo.gl/4yN4qq](https://goo.gl/4yN4qq)
13. Frossard JL, de Peyer R (2011) An unusual digestive foreign body. *Case Rep Gastroenterol* 5: 201-20.