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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 was 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.

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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