

Foreign Bodies: Aero-digestive Tract

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Introduction

- Common problem
- Children, Psychotics, Pts in coma
- Asymptomatic or life threatening
- Shouldn't be ignored with positive history

Aetiology

- Age: Children, playing while eating
- Loss of protective mechanism
 - Artificial denture
 - Coma
 - Epileptic seizure
 - Deep sleep
 - Alcoholic intoxication
- Carelessness
- Oesophageal diseases
- Psychotics

FB: Upper GI Tract

- Sites
 - Tonsil
 - Base of Tongue
 - Vallecula
 - Oesophagus



Foreign Bodies

- Tonsil
 - Sharp FB, fish bone or needle
 - Lodges in tonsillar crypt
 - Pt can easily localize FB
 - Oropharyngeal examination
 - Remove with forceps



■ Base of Tongue / Vallecula

- Fish bone or needle
- Mirror examination
- Don't palpate
- Remove in the office
- May require GA in uncooperative pts



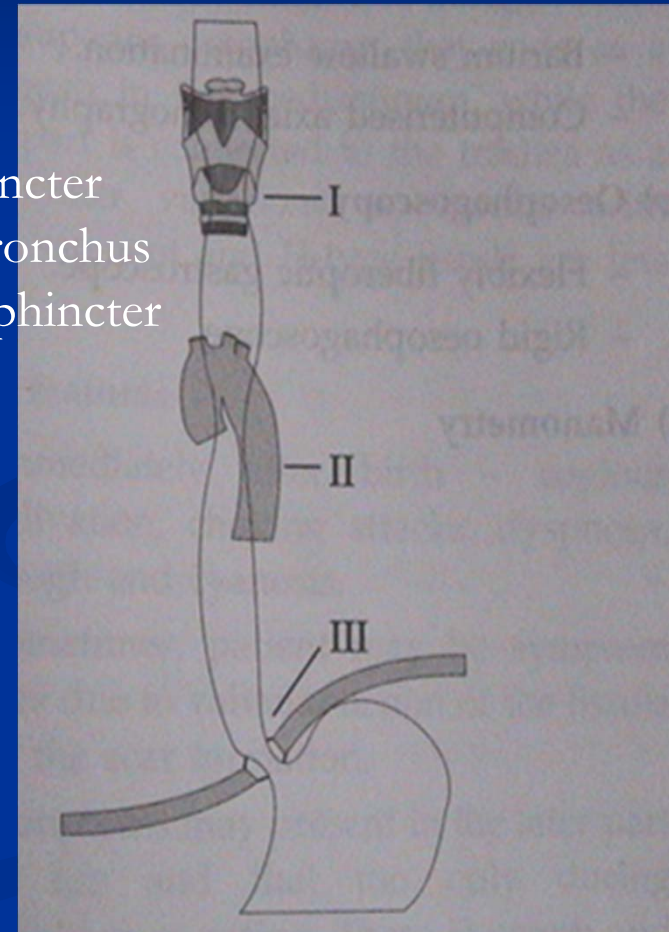
■ Pyriform Fossa

- Fish bone , chicken bones, mutton pieces, needle or denture
- Diagnosis by history & examination
- Removal under LA or GA



Oesophagus

- Fibromuscular tube 25 cms
- Three constrictions:
 - 15cms: Cricopharyngeal sphincter
 - 23cms: Aorta & Left main bronchus
 - 40cms: Lower oesophageal sphincter
- Two sphincters
- Oesophageal wall
 - Mucus membrane
 - Submucosa
 - Muscle
 - Fibrous layer



Clinical Features

■ Symptoms

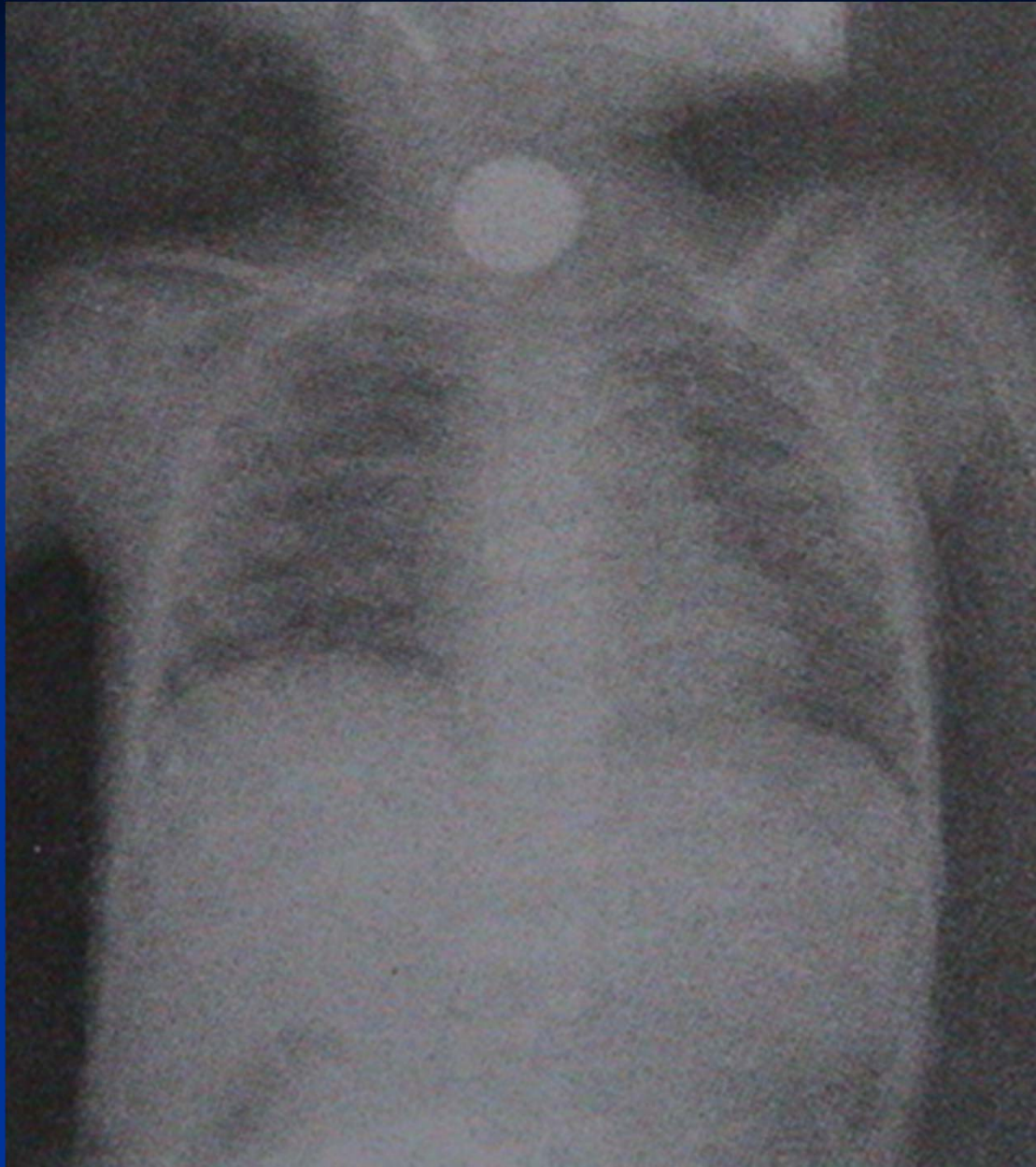
- Choking or gapping
- Discomfort or pain
- Dysphagia
- Drooling of saliva
- Respiratory distress
- Substernal or epigastric pain

■ Signs

- Tenderness
- Pooling of secretions
- FB in postcricoid area

Investigations

- Plain X – Ray
 - Lateral view of soft tissue Neck
 - Posteroanterior & Lateral view of Chest
 - Children: Nasopharynx to rectum
- Flouroscopy
- Contrast studies
- MRI



8/11/2014

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Management

- General work up for PAC fitness
- Oesophagoscopic removal
- Cervical oesophagotomy
- Transthoracic oesophagotomy

Complications

- Respiratory obstruction
- Perioesophageal cellulitis
- Perforation
- Tracheo-oesophageal fistula
- Ulceration & fistula



DIFFICULT FOREIGN BODIES

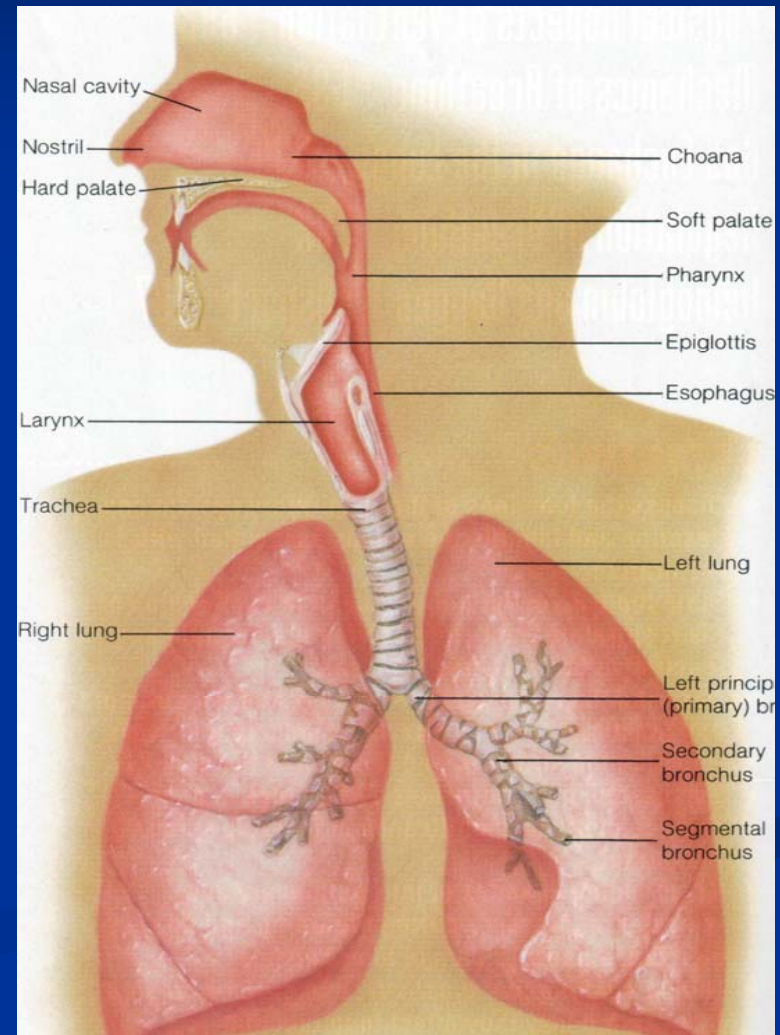
- VEGETATIVE FOREIGN BODIES
- DENTURES
- OPEN SAFETY PINS
- SHARP FOREIGN BODIES
- SPHERICAL FOREIGN BODIES
- FOREIGN BODIES IN INFANTS

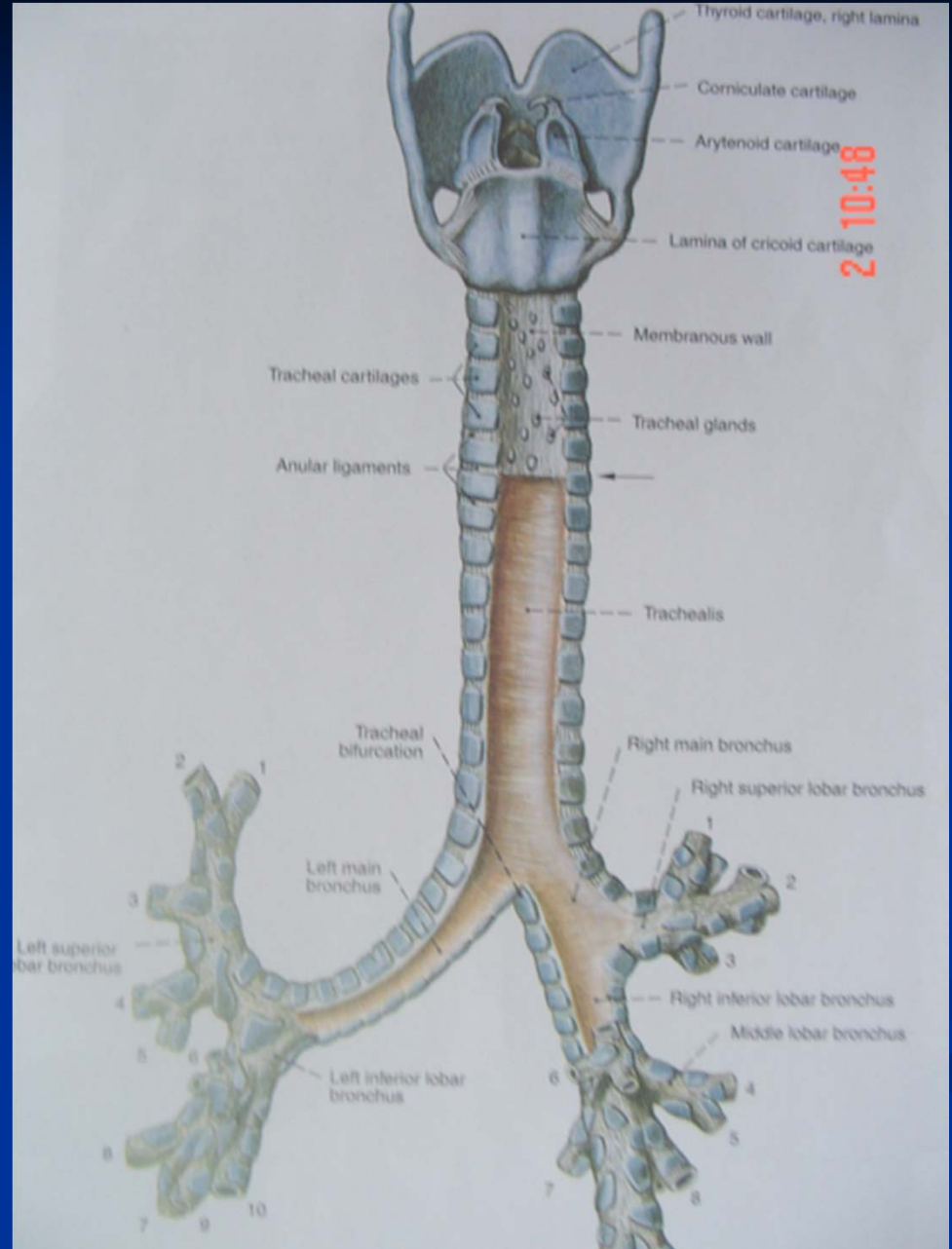
NEGLECTED FOREIGN BODIES

- INITIAL CONSERVATIVE MANAGEMENT WITH IV ANTIBIOTICS & STEROIDS FOR 24 TO 48 HRS
- FOLLOWED BY FOREIGN BODY REMOVAL UNDER GA

Foreign Bodies: Airway

- Foreign body aspirated can lodge in
 - Larynx
 - Trachea
 - Bronchi
 - FB with sharp points can stick anywhere



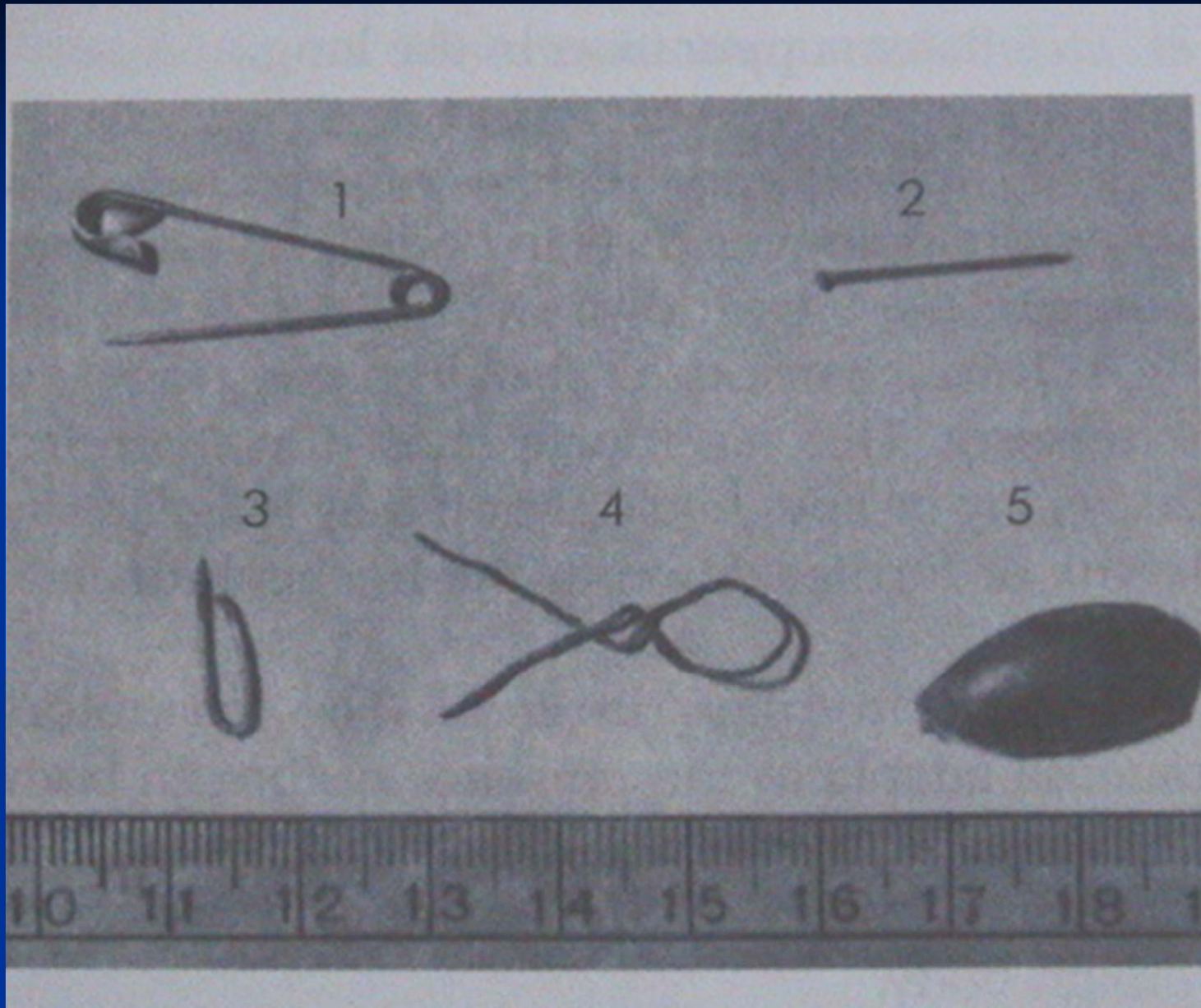


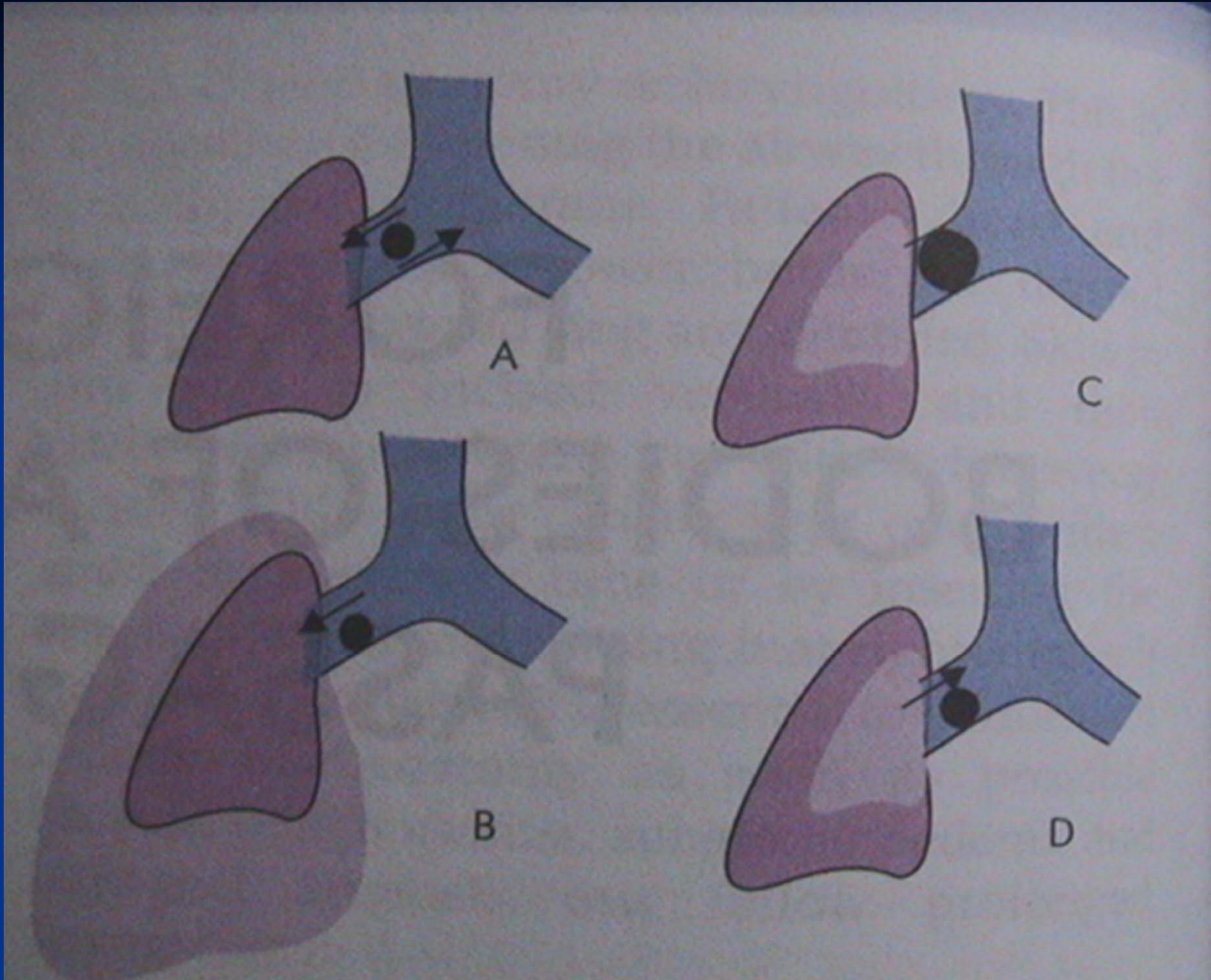
Aetiology

- Children <4 yrs,
- Adults in coma, deep sleep, or alcoholic intoxication
- Loose teeth or denture

Type of Foreign body

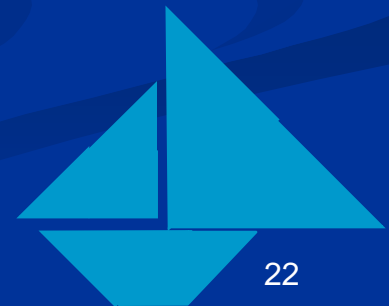
- Exogenous
 - Non-irritating: pin, nails, plastic beads
 - Irritating: Peanuts, seeds, beans, bee al nut etc
- Endogenous
 - Saliva, mucopus, vomitus, bile etc.





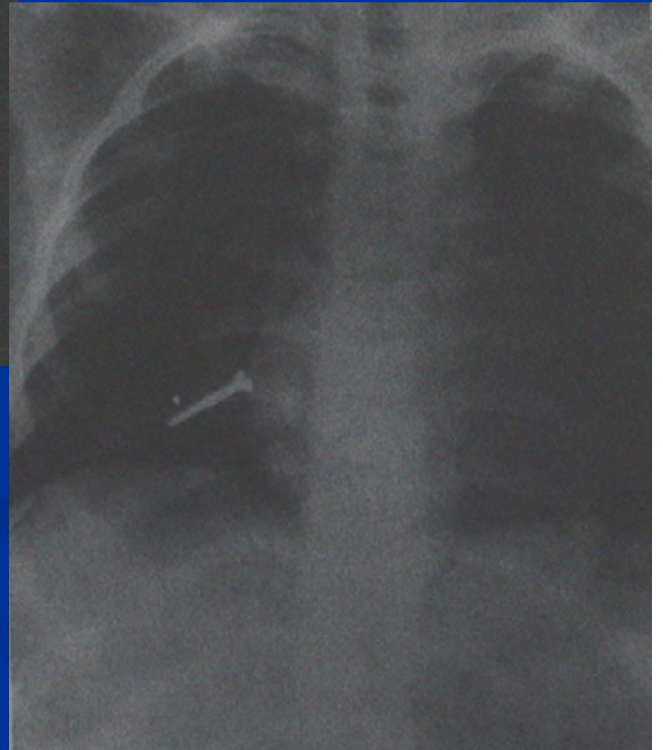
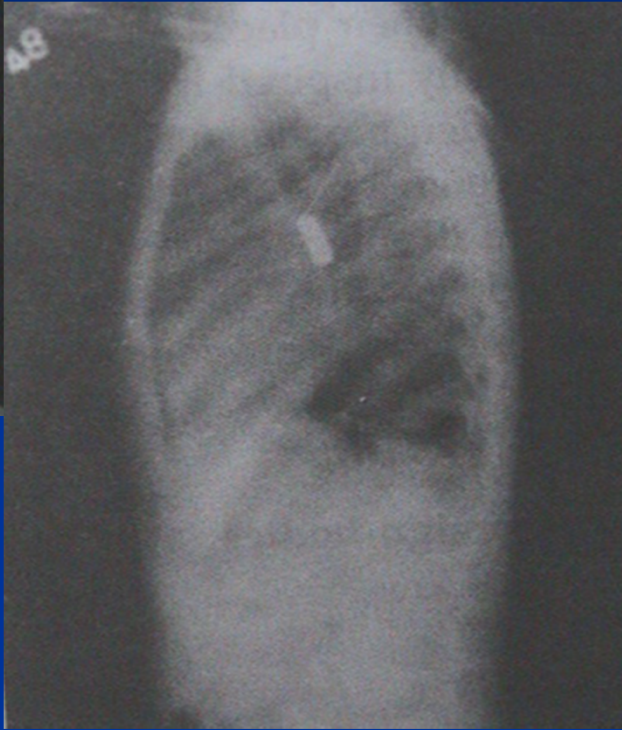
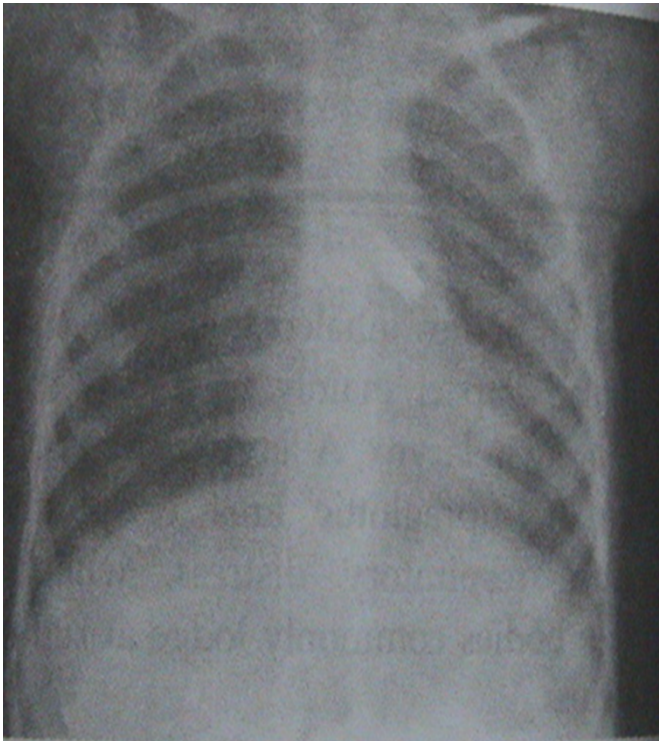
Clinical features

- H/o FB ingestion with violent cough
- Choking, gagging & cyanosis
- U/L or B/L wheezing
- Chronic cough
- Dyspnoea: intermittent or continuous
- Symptom free period
- Pneumonitis or atelectasis
- Obstructed emphysema



Investigations

- General Investigations:
 - For GA fitness
- Specific investigations:
 - To localize the foreign body.
 - Plain X-ray Soft tissue neck
 - Plain X-ray chest –PA & Lateral view
 - Bronchogram



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Treatment

- Heimlich maneuver
- Direct Laryngoscopy
- Bronchoscopy

