

FOREIGN BODIES

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Facts about foreign bodies in the ear, nose, and airway

- Children under age five are the most likely to ingest foreign bodies in the ear, nose, or airway. But teenagers and irresponsible adults have been known to engage in such activities as well, though these are often accidental happenings.
- Foreign bodies in the ear canal are found most often in children between the ages of two and four.
- Airway obstruction from foreign bodies may cause suffocation and death. This accounts for nearly nine percent of accidental deaths in the home, especially among children under [the age of five years.
- About five percent of all children swallow coins, and a coin-swallower's average age is three.

Foreign bodies in the ear

Children usually place things in their ear canal because they are bored, curious, or copying other children. Sometimes one child may put an object in another child's ear during play. It is important for parents to be aware that children may cause themselves or other children great harm by placing objects in the ear. There may also be a link between chronic outer ear infections and children who tend to place things in their ears. Insects may also fly into the ear canal, causing potential harm.

Some of the items that are commonly found in the ear (usually the canal) of young children include the following: food, insects, toys, buttons, pieces of crayon, and small button-shaped batteries. Teenagers sometimes have objects imbedded in the ear lobe due to an infection from a pierced ear or a poorly healed piercing.

Treatment

The treatment for foreign bodies in the ear is prompt removal of the object. The following are some of the techniques that may be used to remove the object from the ear canal:

- Instruments as hooks or alligator forceps
- Magnets are sometimes used if the object is metal;
- Ear wax
- filling the ear with mineral oil to suffocate an insect; and
- Use of a suction machine to help pull the object out.

After removal of the object, the ear should be examined to determine if there has been any injury to the ear canal or tympanic membrane.

Foreign bodies in the nose

Objects that are put into the child's nose are usually, but not always, soft things like tissue, clay, and pieces of toys or erasers. Harder objects, much like those commonly put in the ear, may also be put into the nose. From time to time, a foreign body may enter the nose while the child is trying to smell the object.

Symptoms

The most common symptom of a foreign body in the nose is nasal discharge. The discharge often has a bad odor. Parents should suspect a foreign body and not a "cold" when drainage is from only one nostril. In some cases, the child may also have a bloody nose.

Treatment

Most nasal foreign bodies can be removed easily and safely by emergency physicians. The need for urgent removal is infrequent, and usually adequate time is available to assemble the correct instruments and provide needed anesthesia and sedation. The physician should not attempt removal without appropriate instruments and good control of the patient. Parents are often apprehensive, and children are likely to be agitated and uncooperative. A failed attempt only makes subsequent attempts more difficult.

Prior to any procedure, treat nasal mucosa with 0.5% phenylephrine to decrease mucosal edema and aerosolized lidocaine for local anesthesia.

Because nasal foreign bodies have different sizes, shapes, and locations within the nares, the emergency physician should be familiar

with several removal techniques. The most commonly used techniques, include mechanical dislodgement with a hooked probe or forceps, Fogarty or Foley balloon catheter, suction catheter tip, or stick and glue and bag-valve-mask or mouth-to-mouth positive pressure ventilation. Recently, use of a permanent magnet to remove metallic foreign bodies has been described.

Foreign bodies in the airway:

Foreign bodies in the airway constitute a medical emergency and require immediate attention. The foreign body can get stuck in many different places within the airway. Foreign bodies in the airway account for nearly 9 percent of all home accidental deaths in children under 5 years of age.

As with other foreign body problems, children tend to put things into their mouths when they are bored or curious. The child may then inhale deeply and the object may become lodged in the trachea instead of the esophagus. Food may be the cause of obstruction in children who do not have a full set of teeth, or elderly edentulous patients who simply do not chew their food well. Children between The ages of 7 months and 4 years are in the greatest danger of choking on small objects, including, but not limited to, the following:

- seeds
- toy parts
- grapes
- nuts
- buttons

Children need to be watched very closely to avoid a choking emergency.

What are the symptoms of foreign bodies in the airway?

Foreign body ingestion requires immediate medical attention. The following are the most common symptoms that may indicate a child is choking. However, each child may experience symptoms differently. Symptoms may include:

- choking or gagging when the object is first inhaled

- coughing at first
- wheezing (a whistling sound, usually made when the child breathes out)

Although the initial symptoms listed above may subside, the foreign body may still be obstructing the airway- The following symptoms may indicate that the foreign body is still causing an airway obstruction:

- stridor
- Cough that gets worse
- child is unable to speak
- pain in the throat area or chest 20