Smallest Missed Foreign Body in Neck: A Case Report

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Abstract

Foreign body impaction in the head and neck region may result from either a traumatic or an iatrogenic injury. Penetrating neck injuries with impacted foreign bodies are of special concern as the neck contains many vital structures. Hence, early detection and removal of the foreign bodies is imperative to prevent life threatening complications. Here, we report a 50-year-old male patient with a very small sharp metallic foreign body impacted in the soft tissue of the neck. The patient underwent wound exploration under local anaesthesia and the metallic foreign body was removed. We report this case due to its rarity and also to highlight detailed history and clinical examination always needed for better outcome of the patient.

Keywords

Anterior neck injury, Foreign body, Smallest

Introduction

A majority of the lacerations cases seen in the emergency department are caused by penetrating sharp metal objects [1]. Sharp foreign bodies when present in the head and neck region pose a challenge, as they may be difficult to locate and remove [2]. Sharp foreign bodies in the neck pose a threat due to the possibility of deeper migration and complications. Metallic foreign bodies can be detected using various modalities like plain radiography, xerography, ultrasonography, computerized tomography and metal detectors [2]. Immediate detection and removal of these foreign bodies, ensures prevention of complications.

Case Report

A 50-year-old male, welder by profession, presented to the Ear, Nose, throat outpatient department with complaints of constant neck and throat pain for the past 5 days. He gave no history of upper respiratory infection, breathlessness or foreign body ingestion. He had no history of fever or any previous surgeries. Patient was a known case on uncontrolled diabetes mellitus on oral hypoglycaemic drugs.

Clinical examination of the throat, nose and ear were found to be normal. Indirect laryngoscopy was normal. On examination of the neck, a small, firm 0.5 × 0.5 cm swelling was found in the midline of the anterior aspect of the neck (Figure 1), which was not warm, erythematous or tender. On further probing into the patient’s history, he revealed that he had sustained an injury 8 days back at his workplace while he was welding metal, when the metal shattered on impact and hit his neck. The patient was taken to a local hospital where he was told that he had sustained a small laceration on his neck.

Figure 1: 0.5*0.5 cm swelling in front of the neck.
and platysma were bluntly dissected and a metal shard, measuring around 2 mm, was visualized and removed (Figure 3). The granuloma which had formed around the foreign body was dissected and removed (Figure 4). The wound was sutured by subcuticular sutures. Post-operative period was uneventful. The post-operative X-ray soft tissue neck antero-posterior and lateral view showed no foreign body.

**Discussion**

About 5-10% of all trauma cases are penetrating neck injuries [3]. It is imperative to diagnose and treat penetrating neck injuries due to the presence of vital structures which are divided into the following
Conclusion

Foreign bodies in the neck due to penetrating injuries are dangerous and life threatening. Early diagnosis and detection by clinical examination and radiography is essential. Immediate removal of the foreign bodies by surgical exploration of the wound can prevent complications.

References