Fish bone impaction

I Wani*, SR Mir, H Jawaid, PS Shah, AH Peerzada, S Malik, Iqbal M

Abstract
Introduction
Accidental ingestion of fish bone in children impacts usually in the tonsils or base of the tongue. These are always alarming. The aim of this paper was to study fish bone impaction in children in a tonsillar fossa.

Short communication
A 1-year retrospective study was done to study children who had impaction of fish bone in tonsils. A total of 9 patients were encountered. Age ranged from 3.5 years to 8 years. Seven had impaction on the left side and 2 had impaction on the right side. All had removal under local anaesthesia.

Conclusion
Fish bone impaction is rare. Tonsil is an easy site for impaction.

Introduction
Ingestion of a fish bone (FB) unintentionally is commonly seen in clinical practices1. A myriad of complications are associated with FB impaction. The paediatric age group is prone for impaction of FB in tonsils. The palatine tonsil contributes to 23% of the total number of impacted FBs2. Tonsillar enlargement is a risk for impaction of FB in children. Undiagnosed and unremoved FBs from tonsils could lead to morbidity. Oesophageal perforation, retropharyngeal abscess and even aorto-oesophageal fistula could lead to morbidity. Oesophageal perforation, retropharyngeal abscess and even aorto-oesophageal fistula had been reported with FB impaction. The aim was to study FB impaction in children in the tonsillar fossa.

Short communication
A 1-year retrospective study at District Hospital was done to study children who had impaction of FB in tonsils.

A total of 9 patients had impaction in tonsils. Age ranged from 3.5 years to 8 years. There were 6 female children and 3 male children. All had diagnosis by history and grossly visible impacted FB in tonsil. Patients presented with choking sensation and localized discomfort. Impaction was seen on the left tonsillar fossa in 7 children and on the right tonsillar fossa in 2. All had tonsillar enlargement from Grade 2–4. Size of FB impaction was 0.5–2 cm. FB was always impacted on the pointed end. None had a radiograph. All had removal under local anaesthesia using xylocaine spray; tongue retraction was done by a tongue depressor and small curved artery forceps was used for pulling the foreign body. Complete removal was confirmed in all the cases.

Discussion
Ingestion of fish bones unintentionally is quite common. Fish bones are a sharp foreign body and accidental ingestion of a fish bone is usually alarming. Impaction of the fish bones typically occurs in the tonsils or the base of the tongue3. Vallecula, pyriform fossa, epiglottis, cricopharyngeus, and oesophagus are other sites of impaction4.

Only a tiny length may project above the surface lining sometimes. The use of radiography to predict the presence of fish bone is unreliable. Fish bone impaction on tonsils in children is always challenging to diagnose. In the paediatric age group, presentation is not typical as in adults with atypical complaints. Routine clinical examination does not always contribute to diagnosis. There are no pathogenomic signs of a retained fish bone in the tonsil.

A subtle sign of a possible foreign body impaction in the tonsils could give a clue. Deep migration of fish bone in tonsil could ensue dangerous complications5. However most of the times a patient does not have a fish bone present when reporting symptoms of foreign body sensation in the throat6.

With tonsillar enlargement there is narrowing and this is the first site encountered in children after partial swallowing. Impartial swallowing, less developed teeth and taste senses, and a fish bone being soft are lodged in tonsils in this narrow part. Narrowing of the tonsillar space with an intrinsic narrow tonsillar space and low opening of mouth leads to impaction.

Conclusion
Co-operativeness of the child is essential in removal of impacted foreign body. Use of local xylocaine spray 2% to prevent sensation is useful. This technique is useful in rural areas where facilities are limited.

Consent
Written informed consent was obtained from the patients for publication of this case report and accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal.

References

Licensee OA Publishing London 2013. Creative Commons Attribution License (CC-BY)


* Corresponding Author
E-mail: imtazwani@gmail.com

Department of General Surgery, District Hospital, Bandipore, Srinagar, Kashmir 190009, India

All authors contributed to conception and design, manuscript preparation, read and approved the final manuscript. All authors abide by the Association for Medical Ethics (AME) ethical rules of disclosure.