

## More misses than hits: Diagnosis at the earliest saves complications

**Dr Shriya S. Ginde<sup>a</sup>, Dr Sonal B. Shah<sup>b</sup>, Dr Prathamesh V. Bhujbal<sup>c</sup>**

<sup>a</sup>Post Graduate, Trainee of Oral & Maxillofacial Surgery, Dr D.Y Patil Vidyapeeth, Pimpri, Pune, Maharashtra, India

<sup>b</sup>Professor of Oral & Maxillofacial Surgery, Dr D.Y Patil Vidyapeeth, Pimpri, Pune, Maharashtra, India

<sup>c</sup>Assistant Professor of Oral & Maxillofacial Surgery, Dr D.Y Patil Vidyapeeth, Pimpri, Pune, Maharashtra, India

### Abstract

A thorough history alongside meticulous examination yields a lot of valuable information which helps to rule out a variety of possibilities which might be the result of discomfort the patients suffer from and it helps us to come to a proper diagnosis and treat the patients accordingly. Patient reported to our department with a complaint of odynophagia and pain in the throat since 5-6 days. After reporting to two other local dentists, he was given treatment in the form of analgesics and antibiotics for his grossly carious maxillary third molar, but the pain did not recede. Then when he reported to our department, he was taken a proper case history of, and thorough examination was done. We found a foreign body in his left anterior faucial pillar region which was then extracted after topical local anaesthesia was sprayed, the area was anaesthetised and it was removed with artery forceps. The patient then gave a history of consumption of a local fish 7-8 days ago, which helped confirm the fishbone impaction. Such cases are examples of the fact that a thorough history, backed up with an immaculate examination will provide relief, help in preventing complications. We must also remember that the injudicious use of the medications should be avoided.

**Keywords:** Foreign body, fish bone, complication

### 1. Introduction

Fishbone impactions, amongst other foreign body impactions, like dentures, meat, coins, chicken bones (**Schaefer and Trocinski, 2020**) are very commonly noted in the literature. As for the children, small objects like, jewellery, toys, sharp objects like needles or pins, crayons, large bolus of food amongst the others have also been frequently observed (**Schaefer and Trocinski, 2020**).

Anatomical areas like the oropharynx, oesophagus, gastro oesophageal areas are relatively common areas for accidental impactions of foreign bodies. Tracheobronchial impactions have been found to be relatively rare (**Klein and Ovnat-Tamir, 2019**). Such foreign body impactions are very common, especially, in children and elderly individuals (**Chowdhury and Mensah, 2015**).

But incidences of such impaction in the faucial region or the laryngotracheal airways of a healthy individual is an uncommon phenomenon, as the patient will have cough reflex which will prevent the foreign body from remaining in that region and going unnoticed(Sung and Yang, 2019).

Thorough investigations like chest x-ray, bronchoscopy, (Yahyaoui and Jahaouat, 2017) nasopharyngoscopy, pharyngeal mirrors, (Sung and Yang, 2019) ultrasound scans, on the basis of the regions involved need to be done. However, most of the fishbones are radiolucent and cannot be noted on plain radiographs (Bakshi, 2019). Hence a detailed case history with immaculate examination will help get a better diagnosis and help treat patients accordingly, thus avoiding life threatening complications in case of ingested foreign bodies. Hereby, we report a case of a 30 year old male with fish bone impaction in the anterior faucial pillar region.

## 2. Methodology

A 30-year-old male reported to our department with chief complaint of pain in upper left back region of his throat and difficulty in swallowing. Patient was apparently alright 5-6 days ago, when he started experiencing pain in left side of throat and difficulty in swallowing. Patient went to a local dentist and was given analgesics for his carious left maxillary third molar, but pain did not recede. He again visited another local dentist who advised him a root canal treatment for the tooth and gave him course of antibiotics and analgesics, which provided relief; however as the effect of medications reduced, pain recurred. The patient was then referred to us for further management. On examination, mild inflammation was noted in left anterior faucial pillar region. On keen observation, a small foreign body approximately 2 mm in size was found to be sticking out in that region. (Figure.1.)



**Figure.1.** Pre-operative picture showing foreign body sticking out of faucial pillar.

LOX 10% spray, Neon laboratories, Mumbai (local anaesthesia spray) was sprayed in concerned area and the foreign body jutting out of the faucial pillar was held with artery forceps and slowly excavated. The examination of the foreign body revealed a pointed, whitish, 1.8cm long, hard structure. (Figure.2.)



**Figure.2.** Foreign body identified as fishbone

The patient was immediately relieved of the odynophagia and pain, after removal of the foreign body. A thorough history explained consumption of a local fish 7-8 days ago, which he had not given to the previous dental practitioners. Patient was eventually followed up for 3 days, whereby the

symptoms were relieved. Such cases are just another example of the saying *MORE MISSES THAN HITS*, where due to inadequate history and imprudent use of medications, patients can succumb to a lot of complications.

### 3. Results, Discussion and Recommendations

Due to their various shapes and sizes, most of the fishbones get stuck in the oropharynx, thus becoming visible within hours of impaction albeit with proper examination. Hence, a thorough and contributory history with immaculate clinical examination will lead clinicians to probable diagnosis. Adequate investigations will further aid in this procedure to come to a final conclusion. However, radiographic investigations may not be of much value in foreign bodies of very small sizes (**Bakshi, 2019**).

Sometimes the foreign bodies may even lead to stenosis, paralysis of the vocal cord, tracheo-oesophagoesophageal fistula (**Agarwal and Shetty, 2019**). Complications like aspiration, asphyxia, subcutaneous emphysema, pneumothorax, mediastinitis, paraoesophageal abscesses (**Boo and Kim, 2018**), need to be avoided with thorough examination and immediate management. Prescription of medicaments judiciously will help provide patients with symptomatic relief and prevent unjustifiable use of the same.

### 4. Conclusion

The relevance of this case is due to the fact that many a times, simple clinical examination with a thorough history helps procure a diagnosis which not only helps relieve the patient of his pain but also helps avoid life threatening complications. It will put the consultant doctors in a better position to diagnose and treat the conditions more accurately, and saving the patient a lot of unwanted complications.

### References (APA)

- [1]. Agarwal SS, Shetty DS, Joshi MV, Manwar SU. (2019)Tracheo-oesophageal fistula in a case of button battery ingestion: CT virtual bronchoscopy imaging. *BMJ Case Rep.* 12(5):e229418
- [2]. Bakshi SS.( 2019) A sticking sensation in the throat! *Intern Emerg Med.* 14(2),321-22.
- [3]. Boo SJ, Kim HU.( 2018) Esophageal foreign body: treatment and complications. *Korean J Gastroenterol.* 72,1-5
- [4]. Chowdhury AM, Wei J, Mensah SD, Alam S. (2015) Missed diagnosis of an unusual case of impacted oesophageal foreign body. *J Dig Endosc* 6,172-5.
- [5]. Klein A, Ovnat-Tamir et al.(2019) Fish bone foreign body: The role of imaging. *Int Arch Otorhinolaryngol* ,23,110-5
- [6]. Schaefer TJ, Trocinski D.(2020) Esophagial Foreign Body. StatPearls Publishing, Treasure Island, FL
- [7]. Sung JP, Yang HC.(2019) A missed and delayed detected fishbone impaction in subglottis. *Korean J Otorhinolaryngol-Head Neck Surg* 62(1),57-9.
- [8]. Yahyaoui S, Jahaouat I, Brini I, Sammoud A. (2017) Delayed diagnosis of esophageal foreign body: A case report. *Int J Surg Case Rep* 36,179-181.