have reported SHML showing complete response to low dose interferon. A combination of vinca alkaloids, alkylating agents and steroids are often used. In this series too, their use showed satisfactory response, but to establish an ideal treatment for SHML, there is a long way to go and further studies are needed.

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UNUSUAL PRESENTATIONS OF FOREIGN BODY IN AERODIGESTIVE TRACT

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Abstract: Foreign bodies lodged in aerodigestive tract makes the commonest emergency in the otorhinolaryngology clinics. Diagnosis often becomes difficult with parental ignorance and lack of clear history. Patients with foreign body can have unusual presentations.

Key words: aerodigestive tract, foreign body, otorhinolaryngology

INTRODUCTION

Accidentally ingested foreign bodies lodged in aero digestive tract makes the commonest emergency in the ENT. The variety of foreign bodies are comparable to human imagination but often these are fish bone, meat bone, coins, pin, needle, dentures etc. Over 90% of the ingested foreign bodies' pass uneventfully through the gastrointestinal tract and problem arise only when they become impacted in tonsils, base of tongue, cricopharynx or down. Dysphagia and respiratory distress are often the presenting features but diagnosis is often complicated by parental ignorance, lack of clear positive history and negative roentgenograms etc. Here we are presenting a report of three cases with unusual foreign body presentation. Case -1, 4 months old boy presented with pneumonia for 20 days without any history of foreign body ingestion. Case-2 a four-year-old boy came seven days after ingesting 2 coins. Case-3, Middle aged man with dysphagia, long history of smoking and lost dentures.

CASE-1

A boy of four months was brought to the emergency department with complaints of difficulty in breathing, cough and fever for the last 20 days. The baby was normally feeding and gaining weight. His parents were regularly consulting a practitioner who

Fig. 1: Coins ingested by 4-year old and removed from aero-digestive tract, with uneventful recovery.
Unusual Presentation of foreign body in aerodigestive tract

Fig. I: Removed denture from aerodigestive tract

used to advise him some sort of medicines (injections & syrups) after which the baby got relieved temporarily. His condition further deteriorated over this period thus he was brought to J.N Medical College emergency. Here he was advised x-ray chest (PA) view which to our surprise showed a radio opaque ring in the cricopharynx, confirmed by lateral view of the neck. His mother then told us that she lost her bitchhia (a ring worn in the toes by north Indian females) a month ago.

The baby was given a shot of injectable steroids and antibiotics. After four hours nil orally, direct laryngoscopy was done without any anesthesia but in the presence of anesthesiologists and with full preparation for any emergency tracheostomy. The foreign body had two sharp edges, thus it was first seen and mobilized with blunt rubber suction catheter, no impaction or bleeding was found and thus it was removed with foreign body holding forceps. Baby was hospitalized and moist oxygen, steam and antibiotics given. He recovered well and was discharged on the 5th day.

CASE-2

A four-year old boy presented in emergency department with complaints of coin ingestion six days back. Since the boy was mentally retarded, he was not able to express his discomfort to parents properly. During this period he was taking meals without much difficulty but now the discomfort increased significantly. His X-ray neck AP and lateral view was advised. AP view showed a radio opaque shadow of Rs 2 coin shape. Lateral view shadow was thickened; which we thought to be a rotated image.

Patient was taken for direct laryngoscopy followed by oesophagoscopy under general anesthesia and to our surprise there were two coins with corresponding edges tucked together. Retrograde evaluation of X-ray lateral view revealed two edges, which we missed. Coins were removed. Patient was administered antibiotics, anti-inflammatory analgesics and supportive treatment. He recovered uneventful.

CASE-3

A middle aged male patient presented in ENT OPD with complaints of discomfort in swallowing for the last two days along with respiratory difficulty. He lost his dentures a week back but was not sure of swallowing it, as he used to remove it before going to bed. Beside that he was a chronic smoker, thus making it difficult for us to make a diagnosis as often patients with growth confused the things by relating the symptoms to different incidents. His indirect laryngoscopy was normal except for swollen arytenoids. X-ray neck was inconclusive and barium swallows normal. Patient was taken for diagnostic oesophagoscopy and his lost denture was found in the cricopharynx. Patient improved and was discharged next day.

DISCUSSION

The literature is full of foreign bodies with variable manifestations. Probably no other disease has such a vast presentation pattern owing to infinite variety of foreign bodies, carelessness of parents, mental infirmity of patient’s etc1,2, 4. Foreign body diagnosis in aero digestive tract is often difficult in infants, without clear history and as it may simply present with respiratory distress because of pressure over posterior wall of trachea, causing aspiration of food particles as reported by Ellis and Ardran in 1973 and Chaturvedi et al in 1985. Often these patients have no difficulty in swallowing as in this report too, because fluids which make their diet pass easily through obstruction (Hirsch et al 1994) or they select food which can be managed without symptoms (Glordano et al 1981) as might have happened in the second case. Besides two coins well-approximated edge to edge, that except thickness and a small indentation in the lateral film, which we initially missed nothing was suggestive of it, thus making it an unusual case.

Case-3 In north India incidence of oral and laryngeal malignancy is quite high thus the diagnosis of such case becomes difficult particularly in this age group with long history of smoking as often patients of laryngeal growth present in a similar way, that too when there is no clear history and inconclusive X-ray. Complication of esophageal foreign bodies are mainly due to delayed presentation and radiolucency because mediastinitis or retropharyngeal abscess might develop due to sharp edges, as Remsen et al (1983) reported higher mortality with intraluminal penetrating foreign bodies5. Our cases did not have any major complications.