

Letters to editor

Microscopic assisted tonsillar foreign body removal – A novel approach

Introduction:

Foreign body impaction is one of the common problems in otolaryngology units. Fish bones are frequently found as foreign body in upper aerodigestive tract. The palatine tonsil is the commonest place of foreign body impaction¹. Clinical features of foreign bodies impaction are intermittent or continuous pricking sensation¹, odynophagia, referred ear pain limited neck movement and fever. Generally, patients localize the site of foreign body impaction². Usually these tonsillar foreign bodies are visualized during clinical examination with the aid of head light and tongue spatula or laryngeal mirror without magnification and these foreign bodies can be removed without difficulties.

If the foreign body is very small (tiny fish bone or foreign body buried into the tonsillar tissue due to the manipulation of the patient) it is not visualized during routine oral cavity examination. Sometimes the examiner can see a small white patch mark at prick site without foreign body. But patients can localize the prick site, especially during palpation. In these circumstances examination under microscope is helpful. The ENT Unit of Teaching Hospital Jaffna has implemented this examination technique and removed foreign bodies successively for past two years and would like to share this technique with others.

The Technique:

This is a clinic or ward procedure. The procedure will be explained to the patient to get verbal consent. Usually examination starts after applying of local anaesthetic spray, to reduce the patient's discomfort and gag reflex. The Patient can be in lying or in seated position. Then the patient is requested to keep the mouth open. (Fig- 1) The microscope will be focused to the tonsillar region in low magnification 5 or 7.5(0.4× 12.5 or 0.6 × 12.5). Using this technique, the prick site and the tonsillar region will be examined under the magnified view. In which a very tiny foreign body buried in the tonsillar tissue can be visualized. If the distal part of the foreign body is identifiable, then it could be removed with Killian's forceps or Crocodile forceps easily (Fig-1). If the patient has large tongue or high Mallampati score, the tonsillar bed will not be able to be visualized fully. In these circumstances visualizing area can be increased by pressing the tongue with the aid of the tongue spatula.

The ENT OPD units with endoscopic facility can try this technique as well. But advantages of microscope over endoscopic examinations are:

1. When using microscope, the surgeon's both hands can be used to remove the foreign body, while with stroboscope it is one hand technique. It may be difficult for some patients, especially obese patients with a large tongue.
2. If the magnification power needs to change, it can be changed with microscope.
3. The Microscope is available to almost all ENT OPD units including peripheral hospitals, but the endoscope is not.

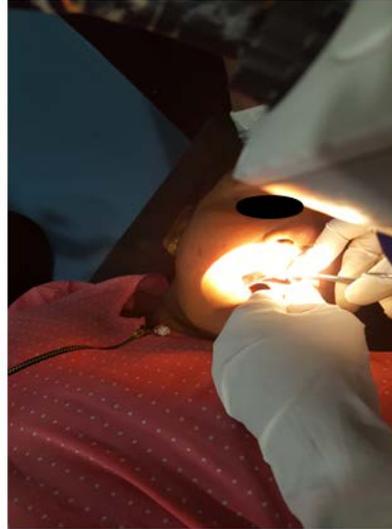


Figure 1

Limitations:

1. This technique helps to remove the tiny foreign body from tonsillar bed and part of tongue base or vallecular only, not from piriform fossa or distal part of tongue base or vallecular.
2. While doing the procedure, patients can develop gag reflex. Usually this problem can be overcoming with local anaesthetic spray.
3. If the patient is very anxious or uncooperative it will be difficult to perform this technique is under local anaesthesia, in this situation, general anaesthesia is needed.

Thank you.

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References:

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