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Long Forgotten: A Case Report on Twigs Stuffed into Nose of a Twelve Year Old Child

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Abstract
Children commonly present with foreign body in nose in the age group of 2-4 years. Long-standing foreign body can go unnoticed in a neglected child or a child with history of abuse or due to the delay in treatment due to fear of pandemic of COVID-19 pandemic amongst patients. We report a case of 12 year old child who presented with chief complaint of foul smelling discharge and swelling on right side of nose. On examination, twigs of pine were visualised which on removal were found to be stuffed till posterior choana.
Keywords: *COVID-19 Pandemic, Foreign body nose, Neglected child, Child abuse, Nasal discharge, Otorhinolaryngology.*

Introduction

Long term home quarantine has led children to explore more using their mouth, nose and ear leading to an increase in incidence of foreign body ingestion, foreign bodies in nose and ear. Child abuse by neglect or delay in treatment due to the fear of Covid-19 pandemic amongst the parents can lead to life-threatening complications due to foreign body. Foreign body in the nose can be accidental or self-inflicted, more frequently in children with attention deficit or hyperactivity disorder.[1] In this paper, we report a case of chronic foreign body in nose in a neglected child.

Case Report

We report a case of 12 year old child who presented in the department of otorhinolaryngology-head and neck surgery, Indira Gandhi Medical College, Shimla, Himachal Pradesh, India with complaints of foul smelling discharge and swelling on right side of nose from past six months. The father of the child told that the child was apparently well 6 months back when he noticed a swelling on right side of nose which was gradually progressive and painful. There were multiple episodes of nasal bleed, 2-3 drops in amount, which usually stopped spontaneously. There was history of mouth breathing and snoring at night. The child also complained of pain during swallowing. The child's family complained of foul smell from the child from past one month with no complains of fever. They had taken the child to primary health centre where she was given nasal decongestants and oral decongestants but with no relief.

On external nasal examination, there was a diffuse swelling over right side of nose extending over to right side of face, tender, firm in consistency with no local rise of temperature, no erythema over the

skin, no sinus and no fistula was present. On anterior rhinoscopy, there was deviated nasal septum towards left side with foul smelling nasal discharge in the right nasal cavity. The left nasal cavity was within normal limits. On cleaning the discharge, twigs of pine were visualized. On oral cavity examination, there was no swelling visible in the hard palate and the soft palate. There was no abnormality or foreign body visible in the oropharynx. The twigs of pine were removed using tilley's forceps and suction after anaesthetizing the nasal mucosa using lignocaine 10% spray. The twigs were stuffed into the nasal cavity till the posterior choana. After removal, the nasal mucosa had multiple raw areas and granulation tissue with widening of the right nasal cavity. The radiograph was taken immediate post removal of foreign body which was suggestive of widened right nasal cavity with mucosal thickening, deviated nasal septum towards left and radioopacity near completely filling up the right maxillary sinus. Nasal douching was done to clear the nasal cavity of the secretions. The patient's nasal obstruction was relieved. Patient was prescribed topical antiseptic ointment, oral antiobiotics, nasal and oral decongestants alongwith oral analgesics. Patient underwent psychiatric evaluation and counseling.

Fig. 1 Image of swelling on external nasal examination with adenoid facies.

Fig. 2 Foreign body twigs of pine removed from the nose.

Fig. 3 Immediate post removal radiograph showing widened nasal cavity, deviated nasal septum, mucosal hypertrophy and right maxillary sinusitis.

Discussion

Unlike inhaled or ingested foreign bodies, foreign body in nose is not life threatening but it is related to an increased morbidity. After the impaction, the patient usually presents within 24 hours but delay can be there due to the negligence of parents. Patient's symptoms may include nasal obstruction, nasal pain, foul smelling nasal discharge, sneezing, snoring, mouth breathing, fever and irritability.[2] Radiograph for paranasal sinuses should be done to locate the foreign body if not visualized on anterior rhinoscopy. Chronic foreign body may lead to rhinolith formation and serious infections such as sinusitis, otitis and meningitis.[3] Removing the foreign body as soon as possible will prevent rhinoliths development since the presence of a foreign body can lead to the accumulation of calcium and magnesium salts, and the subsequent formation of rhinoliths by causing chronic inflammation if it remains in the nasal cavity for a prolonged period. Nasal septum perforation is observed in patient with alkaline batteries. Necrosis occurs after contact with a chemical substance, such as a battery, in the septal mucosa. Septal perforation, intranasal adhesions, and external nasal deformities may occur.[4,5] Therefore, if chemical containing foreign bodies such as batteries are inserted into the nasal cavity, they should be extracted without delay. Nasal douche and moisturizers should be used to prevent damage to the nasal mucosa.[6]

Nasal Foreign body removal can be done by hooking a bent Jobson Horne probe over and behind the foreign body and pulling the foreign body forward.[7] In uncooperative patients it can be done under general anaesthesia accompanied with endoscopic nasal examination. It should be preceded by preoperative radiological investigations and testing for Covid-19 virus.

Conclusion

Nasal foreign bodies are commonly seen in young children in ENT practice. The removal should be done as soon as the patient presents otherwise we may encounter complications like sinusitis, otitis media, rhinolith formation, periorbital cellulitis and meningitis. Intervention should be decided keeping in consideration the patient's cooperation, type and location of the foreign body. Patient should be thoroughly examined post-removal to look for any residual foreign body. Keeping in view the pandemic of Covid-19 proper precautions should be taken considering every patient as positive for the novel corona virus.

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