Foreign Bodies in the Oropharynx, Pharynx & Oesophagus

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Introduction

Both children and adults get foreign bodies trapped in their pharynx or oesophagus. The foreign body may be food such as poorly chewed meat, a full denture or partial plate, fish, lamb or chicken bones, and coins, pieces of metal and plastic.

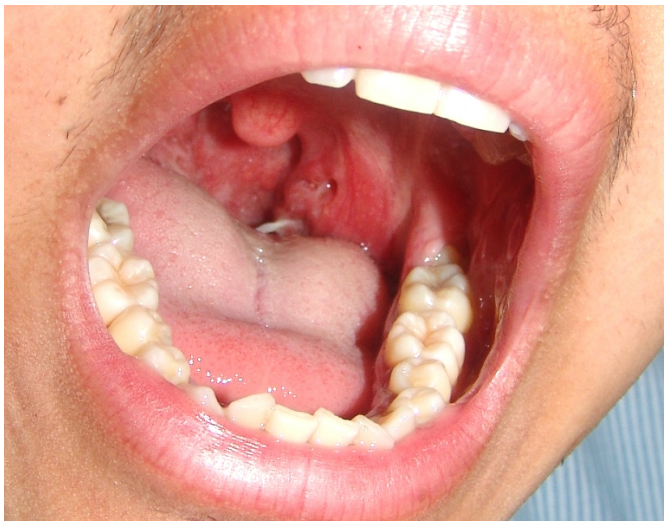
This short tutorial explains the principles of management of these. It does not include a discussion on foreign bodies in the chest.

Foreign bodies may present acutely with immediate distress and dysphagia and odynaphagia or they may present once a complication has arisen.

Oropharynx

The commonest bodies to lodge in the oropharynx are fish bones and small fragment of mammal bones. They get lodged in the tonsil, and tongue base.

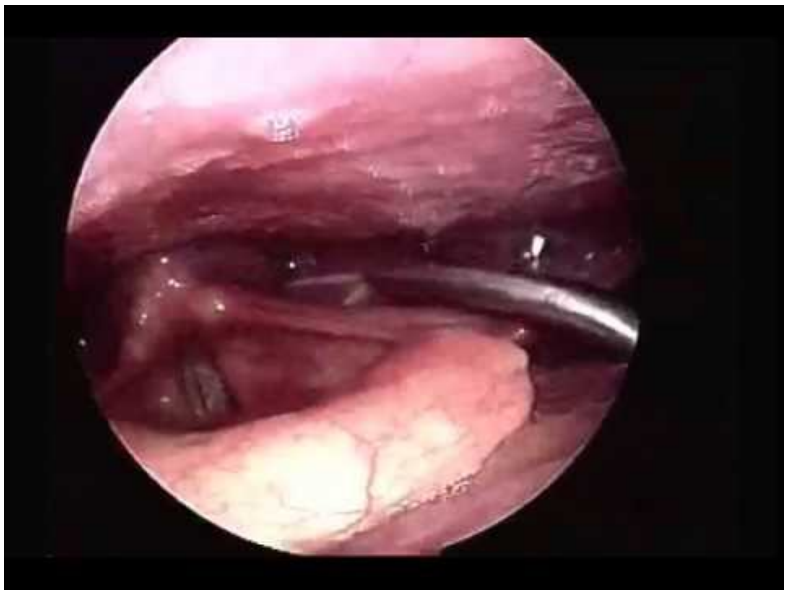
The patient finds that they are unable to continue eating their meal as they have immediate distress, gagging and excessive salivation. The foreign body is usually easy to see and retrieve if it is in the tonsil but if it has got into the tongue base it may not be directly visible. In this situation indirect examination with a laryngeal mirror or nasendoscopic examination will be required to locate and remove it.



Once removed that patient will have immediate relief and no further management is needed.

Pharynx

If a foreign body gets past the oropharynx it may lodge in the piriform sinus. Here it is usually visible with a mirror or endoscope but some can be very difficult to find and may require a direct examination under anaesthesia. The image shows retrieval of a piriform sinus foreign body.



If the foreign body is missed or the patient does not attend they are at risk of developing a retropharyngeal abscess or perforation and cellulitis within the neck spaces. Surgical emphysema, fever, tachycardia and tachypnoea may all suggest that the wall of the pharynx has been breached.

Oesophagus

It is possible for a fish bone to get stuck below the cricopharyngeus muscle but usually it is bigger bones that stick here or food boluses.

The patient is unable to swallow their own saliva and feels pain in the neck. They spit saliva or drool.

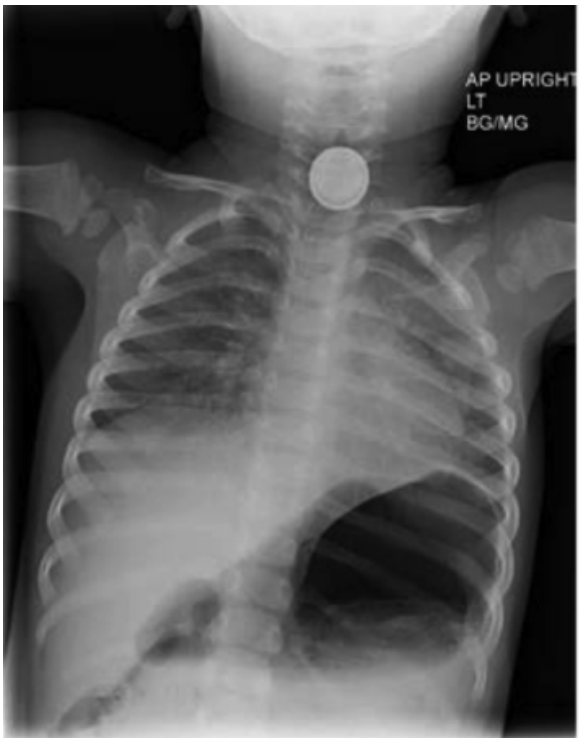
Generally foreign bodies get stuck at areas of anatomical narrowing in the oesophagus such as where the aorta or the left main bronchus cross the oesophagus. They may get stuck at areas of pathological narrowing too, such as at a carcinoma or stricture.

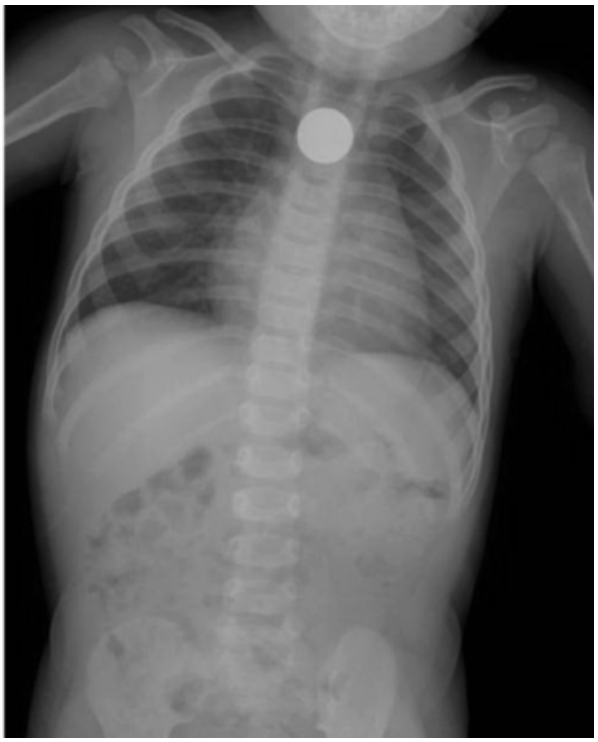
As with the pharynx fever, tachycardia, and odynaphagia may suggest complication such as perforation. Pain radiating to the shoulder or the back is a classic complaint in perforation.

Management

The exact management will depend on the type of foreign body, where it is stuck, and how ill the patient is.

1. ABC – Always start with the basics.
2. Remove oropharyngeal bodies with forceps
3. Hidden bodies may require a general anaesthetic and pharyngoscopy or oesophagoscopy for retrieval
4. Food boluses can sometimes be dislodged with fizzy drinks such as Cola
5. Glucagon is a smooth muscle relaxant ad may work for a food bolus
6. Buscopan should be tries as well – up to three doses if no complications exist
7. Do not leave sharp objects in the pharynx or oesophagus as they may perforate the viscus
8. Button Batteries should be removed immediately if they are lodged in the pharynx or oesophagus. Once in the stomach they can be followed by X-ray. Buttons erode through tissues quickly. Within 2 to 4 hours they cause mucosal burn. Between 8 and 12 hours they perforate.
9. Button batteries and coins can be difficult to differentiate. Batteries often show a halo around them.





The battery shows a halo while the coin is solid. Both of these foreign bodies are in the pharynx and this is demonstrated well in the lateral neck X-ray view (not shown).