

Two Cases of Unsuspected Presence of Foreign Body in Ear, Nose & Throat Region

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Abstract: Foreign body in the Ear, Nose & Throat region are commonly observed in the paediatric age group. However in the study period of 5yrs duration, two cases of foreign body were detected in the adults which was otherwise unsuspected & undiagnosed in the ENT region.

Keywords: Vegetable matter, foreign body in Ear, Ear, Nose & Throat region

1. Introduction

The presence of foreign body in various anatomical sites always evokes interest. They may be iatrogenic or inadvertently/ accidentally introduced. Foreign body are more common in the paediatric age group especially in the Ear, Nose & Throat region. In the present study done at the Pathology Department, Karpaga Vinayaga Institute of Medical Sciences, it was found out that there were two incidence of foreign body occurrence, one in the auditory canal and another in a cyst in the neck.

Two cases of foreign body in adults were detected on Histopathological examination which was not suspected clinically. This evoked a keen interest to analyse the presence of foreign body for a period of 5yrs.

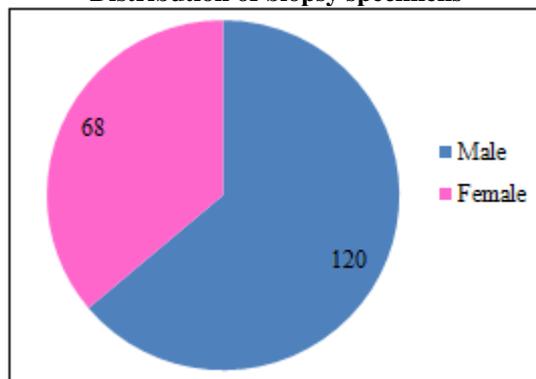
2. Materials & Method

The specimens received for Histopathological Examination from OtoRhinoLaryngeal Department for a period of 5yrs from January 2015 to January 2020 were analysed regarding the age, sex & clinical presentation. A Total number of 168 specimens from Ear, Nose & Throat excluding Tonsils & polyps where the total number of surgical biopsy at the same period were 500. The patients were in the age group between 20 to 40 yrs. And maximum number of specimens was received in the year 2017.

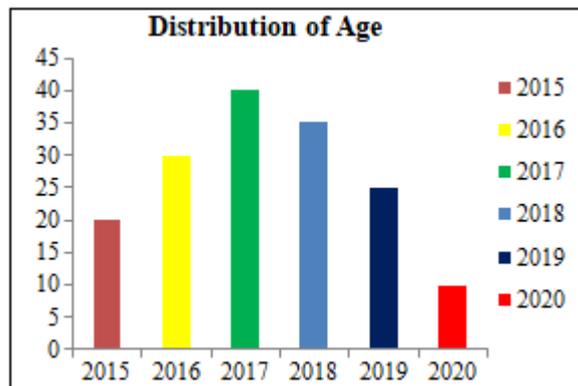
S.No	Age	Sex	Clinical diagnosis	HPE Diagnosis
1.	22yrs	Male	External auditory polyp	Chronic inflammatory pathology with Foreign body
2.	25yrs	Male	Thyroglossal cyst	Bronchogenic cyst

During this period of study, two specimens from ENT region showed the presence of foreign body which were unsuspected clinically.

Distribution of biopsy specimens

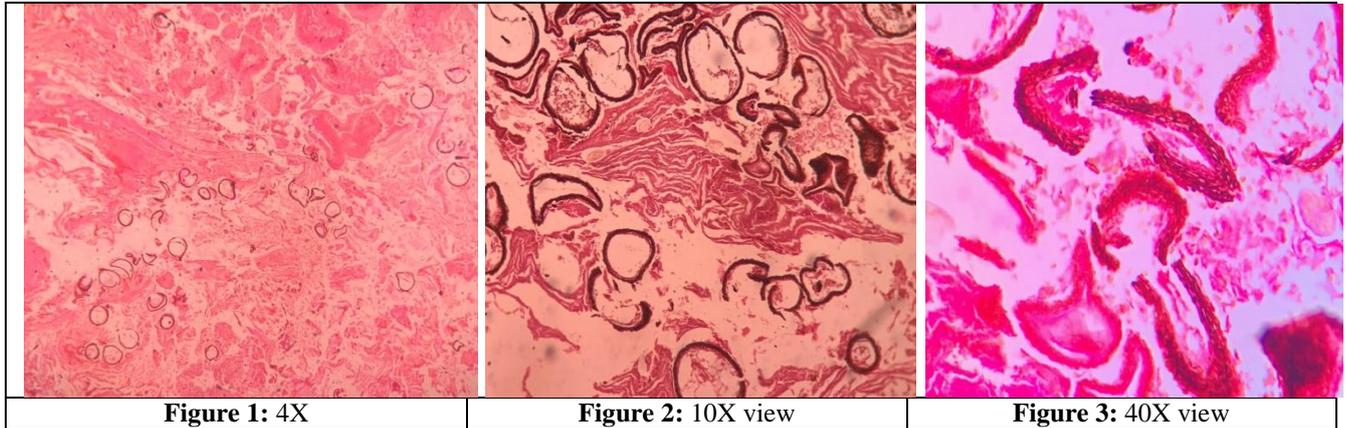


Distribution of Age



Case 1

A 22yr male presented with pain & discharge from right ear of one month duration. The detailed Ear Nose & Throat evaluation did not receive any pathology except dental carries & a polypoidal impacted waxy material present in the auditory canal. The polypoidal structure was removed as an Out Patient procedure, which was sent for Histopathological examination. Macroscopically, multiple soft tissue fragments altogether measuring 1ml. were received. Histologically, flakes of keratin distributed as lamellated material enclosing vegetable matter foreign body was observed.

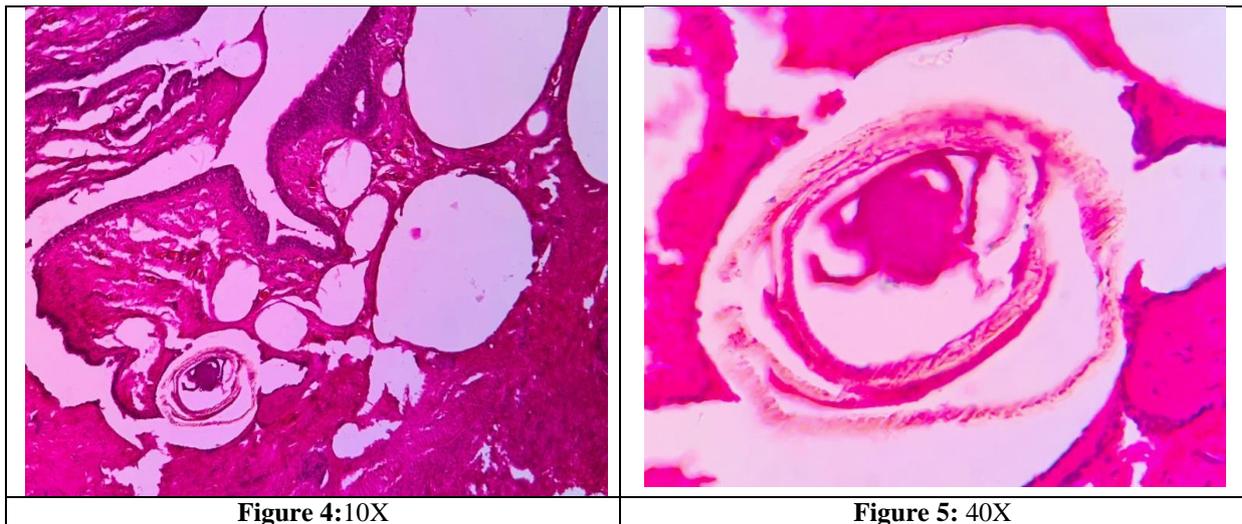
**Figure 1:** 4X**Figure 2:** 10X view**Figure 3:** 40X view

H & E sections depicting vegetable matter foreign body identified by presence of cells with cell wall(40X) surrounded by keratin arranged in lamellated fashion.

Case 2

A 25 yr old male presented with a cystic mass in front of the neck & clinical diagnosis of thyroglossal cyst was made based on the clinical presentation. The cyst appears prominent on the protrusion of the tongue. Macroscopically, a single grey brown soft tissue piece measuring 2X1X1cm with external surface which was vaguely nodular; cut section showed grey white areas with slit like spaces.

Histopathological examination revealed a cyst lined by pseudo stratified columnar epithelium interspersed with goblet cells (respiratory epithelium) was observed. Deeper to the lining epithelium, a layer of smooth muscles were present. Histopathological diagnosis of BRCHOGENIC CYST was made. Adjacent to the cyst, there is a vegetable matter foreign body, identified by presence of cell wall in the cells.

**Figure 4:** 10X**Figure 5:** 40X

H & E sections depicting a Bronchogenic cyst beyond which vegetable matter foreign body is seen embedded

3. Discussion

A foreign body is an object or substance, which can be exogenous or endogenous, alien to the location where it is found. The foreign body in the ear, nose and throat are a common problem frequently encountered in both children and adults¹. In past 5 years the department encountered only two cases of foreign body in the Ear Nose & Throat region. The reason of such a low incidence could be due to fact that the foreign bodies are removed in toto & discarded. In these two cases, the presence of foreign body were not suspected, further, they removed from adults. Even though the popular concept is foreign body is very common in paediatric age group, these were noticed in tissues removed from adults for a specific purpose of confirming the clinical diagnosis. The foreign body in the external auditory canal could be due to inadvertent introduction of vegetable matter

or the foreign body could have been accidentally gone in, which remained as impacted foreign body; probably as the reaction to the same, it was covered with lamellated keratin. Fortunately there were no complication & minimal tissue reaction as it could be removed in toto.

The second patient where the foreign body was found in the neck region adjacent to the cyst. The patient presented with a cystic mass in front of neck for two months. At times it was ulcerated with discharge and there is an incoherent history of taking native treatment which could not be ascertained further. The foreign body was presenting adjacent to the cyst was probably introduced into the neck, with the intension breaking the cyst. However, the surprise is there was no foreign body reaction/inflammation around the body.

Iatrogenic causation of foreign body, one left over suture material (Prolene Granuloma) in the postoperative period especially in abdomen region, talcum particle or starch granuloma are common clinical problems. The presence of foreign body is often suspected in these patients due to non-healing nature of ulcer or presence of oozing sinuses. The same will be dealt with surgical intervention. On the contrary the foreign body in the two patients did not have any overt reaction to the body and the foreign body did not evoke the classical clinical presentation except for the presence of occasional discharge and difficulty in hearing in case no 2 where the foreign body was seen in the auditory canal presenting as a polyp.

4. Conclusion

On the literature survey, the incidence of foreign body was most common in the age group between 1 to 5 yrs²⁻⁴. However in these two patients the occurrences of foreign body are noted in routine H&E accidentally without the knowledge of person in their anatomical site.

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