



## IMAGES IN OTORHINOLARYNGOLOGY

### Long-term extraneous body in the neck

#### *Cuerpo extraño cervical de larga permanencia*

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Received June 4, 2008; accepted June 11, 2008

A 74-year-old male came to the emergency room complaining of left cervical swelling lasting for the previous 15 days, accompanied by odynodysphagia without dyspnoea. He had not presented any clearly measurable fever, but had suffered sensations of dythermia, and the symptoms persisted despite the antibiotic and anti-inflammatory treatment ordered by his general practitioner. As the only item of interest in his prior history, revealed in a chance conversation, he recalled that 15 years previously he had had an accident at work: a stapling gun had gone off unexpectedly and, according to his version, a pin had "skimmed" the left side of his neck, resulting in some inflammation of the neck for a few days, which disappeared after anti-inflammatory and antibiotic treatment.

The examination revealed a hard swelling of the left side of the neck in areas II/III, painful on palpation and with imprecise margins detectable by palpation, together with protrusion of the left posterolateral pharyngeal wall over the pyriform sinus, which was free and patent, with normal mobility of the cords and a certain rotation of the larynx during pharyngolaryngoscopic examination (Figure 1).

The simple x-rays of the neck, taken with lateral and posteroanterior projections, it was possible to observe the existence of an apparently metallic foreign body in the left paramedian cervical region, without appreciable signs of cervical emphysema or other complications.



**Figure 1** Clinical image of the patient. Laterocervical swelling at level II/III of the neck produced by the foreign body. Endoscopic imaging shows protrusion of the left posterior wall of the pharynx, partially obliterating the pyriform sinus. Displacement and rotation of the larynx.

During the pharyngoesophagic transit study, a deviation of the column of pharyngeal contrast to the right was observed and a foreign body of metallic density was noted on the left of the neck (Figure 2).

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**Figure 2** Radiological study. Simple lateral x-ray of the neck showing the foreign body. Pharyngoesophageal transit. Note the twisted metallic foreign body and the displacement and twisting of the pharynx (contrast) and the larynx (air column). Computerized tomography: foreign body within the cavity. Note the rotation and displacement of the larynx and the vertebral hyperostosis induced by the presence of the foreign body.

After conducting a computerized tomography scan of the neck, it was possible to prove an increase in the soft tissue in the left laterocervical region producing an impression on the left posterolateral wall of the hypopharynx and partially obliterating the left pyriform sinus. At its centre, a metallic structure about 3.5 cm long was identified in close contact with several vertebral bodies in the neck and with the vascular axis, giving rise to a reaction of intense bone formation from cervical C3.

With the findings described, and after reaching a diagnosis of dysphagia secondary to the presence of a foreign body in the cervical region (produced by pharyngeal stenosis and rotation of the larynx caused by the latter, together with subsequent infection in the neck), it was decided to perform an exploratory left cervicotomy, during which a steel pin was removed along with extensive reaction to a cervical foreign body in a cavity filled with seropurulent liquid (Figure 3). It was not necessary to perform any surgery on the vertebrae.



**Figure 3** Images of the operation in progress and the foreign body. Note the encapsulated swelling and the rotation of the vascular axis.

The post-operative and follow-up periods revealed nothing of note.

After the immediate post-operative period, the laryngeal examination returned to normal, the stenosis and pharyngeal rotation disappeared, ie, there was remission of the patient's initial clinical signs.