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IMAGES IN OTORHINOLARYNGOLOGY

Unusual foreign body on mouth floor

Cuerpo extraño inusual en el suelo de la boca

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We present the case of a 9-year-old male who visited the emergency department due to a foreign body (a stick with blunt edges) inserted into the floor of the mouth. The patient, while playing, had introduced the stick into the oral cavity. He then accidentally fell down and the stick penetrated into the right submandibular region.

During the exploration, we observed a protrusion in the submandibular triangle (Figure 1), which corresponded to the blunt edge of the stick, without piercing of the skin, along with significant, generalised oedema of the mouth floor without evidence of bleeding. Pharyngolaryngoscopic examination showed no airway affectation.

Computerised tomography (CT) scan showed a foreign body embedded in the floor of the mouth, which dissected the muscle planes, with no radiological signs of haematomas or affectation of the submandibular gland (Figure 2) and minimum emphysema around the foreign body. The calibre of the airway was normal.

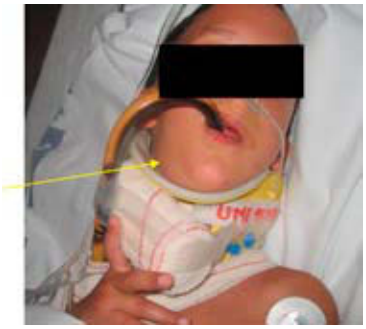

Figure 1 Clinical image of the patient. Submandibular swelling that corresponds to the blunt end of the foreign body.

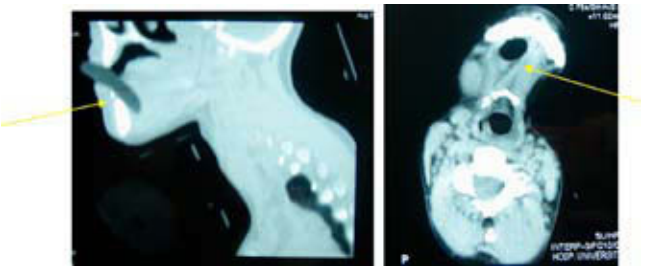

Figure 2 X-ray study. CT scan: sagittal and axial sections. Note the foreign body in the floor of the mouth. The axial plane shows the dissection of muscle planes with no radiological signs of haematoma or affectation of the right submandibular gland.

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We decided to perform the extraction under general anaesthesia. However, due to intubation difficulties caused by the foreign body in the oral cavity and the impossibility of removing it due to its location, it was decided to break the stick first. The foreign body was extracted after intubating the patient. A Jennings mouth gag was introduced to review the wound and verify that the submandibular gland and vessels were undamaged. Finally, a Penrose-type drain was inserted.

The patient remained intubated for 48 h to control potential local inflammatory reactions that would affect the airway. The postoperative course was uneventful.