

Irfan MOHAMAD, Nik Fariza Husna NIK HASSAN, Mohd Hashairi FAUZI



A 63-year-old Malay lady complained of odynophagia for three hours prior to presentation. The patient was unsure about the type of foreign body but claimed to have the sensation after taking one bite of dodol (sweet confection made of glutinous rice flour and palm sugar). It was painful at rest and aggravated with swallowing. She indicated the discomfort was towards the left side of the neck. Vital signs were stable. Oral and oropharynx examinations only showed tonsil hypertrophy without any sign foreign body. A lateral soft tissue neck radiograph was obtained (**Panel**).

Q: What is the diagnosis?

Answer: refer to page 120

Correspondence author: Irfan MOHAMAD
Department of Otorhinolaryngology-Head & Neck
Surgery, School of Medical Sciences,
Universiti Sains Malaysia Health Campus,
16150 Kota Bharu, Kelantan, Malaysia.
Tel: 609-7676429, Fax: 69807676424
E mail: irfan@kb.usm.my

(Refer to page 99)

Answer: Foreign body: metal wire used in food preparation

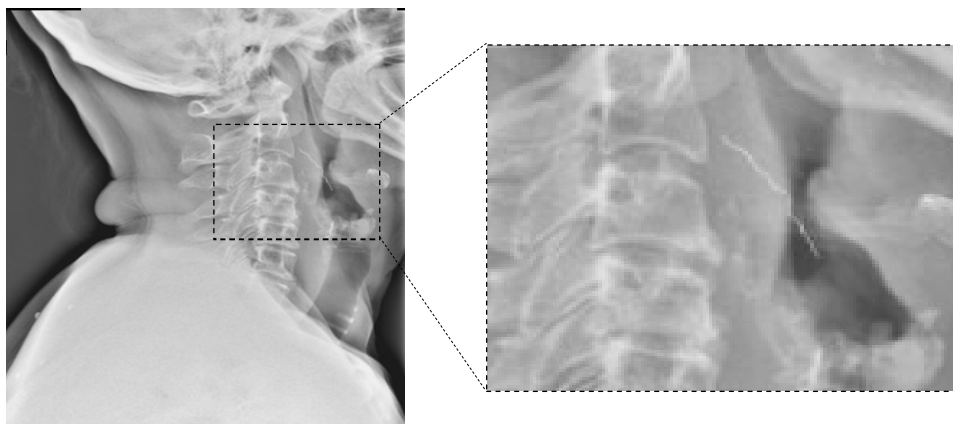
The patient was taken to the theatre for direct laryngoscopy and foreign body (FB) removal. A metal wire was found in vertical position with the end slightly embedded in the left pyriform fossa. Post removal the patient was well and discharged on the next day.

Dodol is a sweet confection made of glutinous rice flour and palm sugar. In this case, the metal wire was believed to be part of the stirrer that had broken off during the preparation process. Dodol is dark in colour making it is easily missed any FBs. The texture of dodol is thick and is often swallowed or briefly chewed, making small FBs not detected and swallowed.

Presentations with FB ingestion are not uncommon, both in the emergency unit

and otolaryngology clinic settings. Common FBs in the upper aerodigestive tract in adults include fish bone, chicken bone, and dentures¹, and in children, coins, parts of toys or food bolus not adequately chewed. Symptoms depend on the nature of the FBs. Swallowed bones with sharp edges tend to present with odynophagia. Most FBs pass through the digestive tract without any complications. In less than 20%, interventions (endoscopic retrieval and even surgery) are required.

Both anteroposterior and lateral neck radiographs are reliable investigation tools for a suspected FBs in the neck.² However, most FBs are radio-lucent, including some species of commonly consumed fish bones.^{2, 3} Thus, persistent odynophagia in a patient suspected of a FB in the throat warrants further examination under anaesthesia, including a direct laryngoscopy.



REFERENCES

- 1:** Nwaorgu OG, Onakoya PA, Sogebi OA, Kokong DD, Dosumu OO. Esophageal impacted dentures. *J Natl Med Assoc* 2004; 96:1350-3.
- 2:** Pinto A, Muzj C, Gagliardi N, Pinto F, Setola FR, Scaglione M, Romano L. Role of imaging in the assessment of impacted foreign bodies in the hypopharynx and cervical esophagus. *Semin Ultrasound CT MR* 2012; 33:463-70.
- 3:** Irfan M, Ahmad Helmy AK, Wan Shah Jihan WD. Radio-opacity of commonly consumed bony fish in Kelantan, Malaysia. *Med J Malaysia* 2012; 67:489-91.