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An unusual case of fish bone migration in the neck

Mohd Hazmi MOHAMAD, Department of Otorhinolaryngology, Hospital Ampang, Selangor, Malaysia.

ABSTRACT

Transmigration of a foreign body across the neck following accidental ingestion is a rare complication. We report a case of a 52-year-old female who presented with a right-sided sharp neck lump a few days following ingestion of fish bone. An anterior posterior view of neck radiography revealed a horizontal radio-opaque object consistent with a migrated fish bone. She underwent an emergency neck exploration and foreign body removal which was later identified as the fish bone. Awareness of all possible complications due to foreign body migration is essential to avoid misdiagnosis.

Keywords: Abscess, foreign bodies, foreign body migration, laryngopharynx

INTRODUCTION

Foreign body (FB) ingestion is an otorhinolaryngological emergency that is not uncommonly encountered in clinical practice. Fish bone is the commonest causative FB and most commonly impacts in the tonsils or base of the tongue. Other sites of impactions include the epiglottis, valleculae, pyriform sinus, larynx, post-cricoid region and oesophagus.[1] FB migration should be suspected if there is a suggestive history, a positive finding on lateral neck radiography and a negative finding on rigid oesophagoscopy.[2]

Correspondence author: Mohd Hazmi MOHAMAD
Department of Otorhinolaryngology,
Hospital Ampang, Jalan Mewan Utara,
Pandan Mewah, 6800 Ampang, Selangor, Malaysia.
Tel: +601 29537223
E mail: h_zfh@yahoo.co.uk

CASE REPORT

A 52-year-old Indonesian lady presented to the Accident and Emergency department with a week's history of right neck lump. She recalled a FB sensation that was pricking in nature in her throat a few days earlier after she had accidentally swallowed a fish bone. However the sensation subsided after a few hours and she did not seek any medical advice. A few days later she started to experience a lump on the right side of her neck. She went to see a general practitioner and was treated as right cervical lymphadenitis with a course of oral antibiotic. However, she was worried regarding the possibility of migratory FB and came to our Accident and Emergency department for a second opinion.

On examination of her neck, we noted

Fig 1: A subcutaneous tissue elevation (circled) located at the right posterior triangle.

Fig 2: Lateral view of plain neck radiograph did not show any foreign body.

a sharp subcutaneous tissue elevation which was located at the right posterior triangle (Figure 1). Thorough ear, nose, and throat examinations were normal. A flexible fiber-optic endoscopy was performed and this was normal. A plain lateral neck view was normal (Figure 2). However the anterior posterior (AP) view revealed a radio-opaque FB lying horizontally at the right neck in the subcutaneous plain (Figure 3). Based on these findings, we suspected the object was a migratory FB. An emergency mini neck exploration was performed. We managed to remove the FB fully intact and identified it as a fish bone.

The patient had an uncomplicated post-operative recovery and was discharged on the following day. She was seen two weeks later and was well.

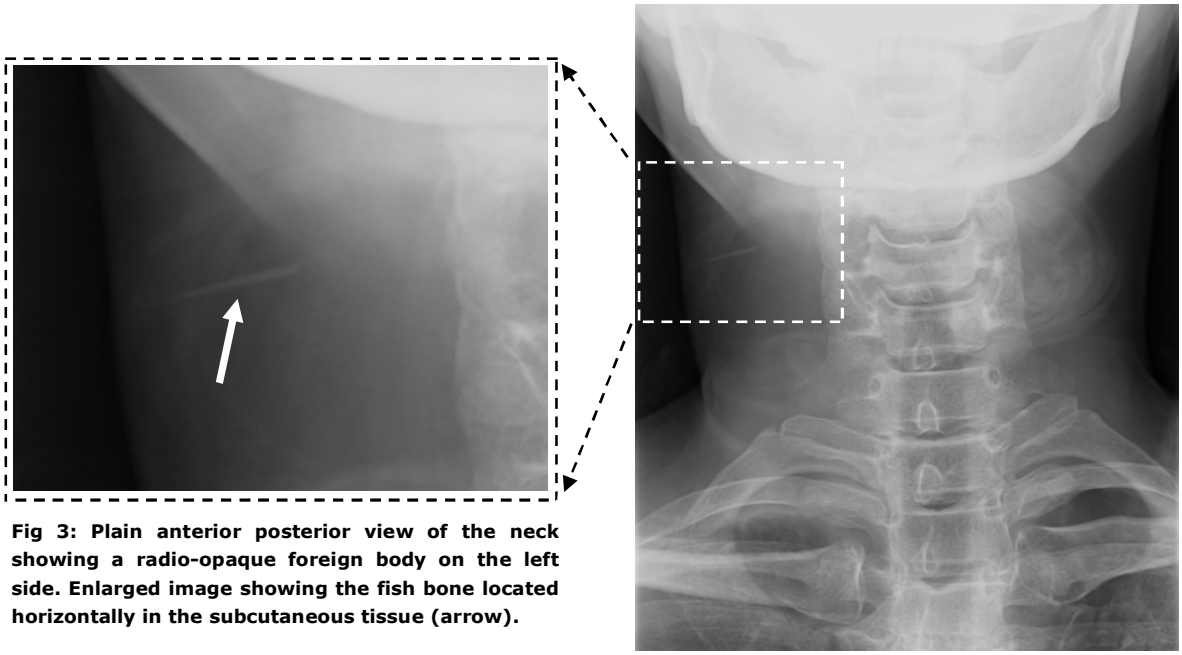

Fig 3: Plain anterior posterior view of the neck showing a radio-opaque foreign body on the left side. Enlarged image showing the fish bone located horizontally in the subcutaneous tissue (arrow).

DISCUSSION

A migration of FB from aero-digestive tract to neck subcutaneous tissue is quite uncommon. Linear and sharp objects have greater tendencies to migrate compared to non-linear objects.[3] Migrated FBs can remain silent or lead to serious complications such as perforation of the oesophagus, retropharyngeal abscess, vascular complications or even death.

The basic radiological investigation for swallowed FB is a plain lateral view radiograph. AP radiographs are usually not requested unless a metallic FB is suspected since they show up bone poorly (commonest FB). However in our case, the migratory fish bone was visualised clearly in the AP view as a horizontal radio-opaque object but poorly visualised in lateral neck radiograph. This was due to position of the object itself.

Computed tomography (CT) scan is another useful tool for locating the intruding object. CT scan is superior to a plain radiograph in terms of its ability to identify ingested object. CT scan can reveal not only the size, type, location, and orientation of the FB, but also the relationship of the FB to other vital structures of the neck. However CT scan may not be available in many centers and is costly. CT scan is not required for every case but for symptomatic patients where other investigative modalities have been negative, CT scan will be useful.[4]

Fish bone migrations from the upper aero-digestive tract to the subcutaneous tissues have been previously reported.[1, 5] However, it remains a rare complication. We present this case to emphasize the need for thorough physical examination in patients suspected of FB ingestion and also to highlight the role of plain radiograph in detecting migratory radio-opaque object.

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