



Pattern and Clinical Presentation of Ear, Nose and Throat foreign bodies in an out Patient Clinic in Delta State

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INTRODUCTION

Foreign bodies in the ear, nose and throat are amongst the commonest clinical pathologies presenting in an otorhinolaryngological practice^{1,2,3}. Although a greater number will present in the accident and emergency as an emergency particularly those occurring in the aerodigestive tract⁴, quite a number will present in an outpatient clinic. We present a retrospective 6 year study of the clinical features and pattern of presentation of foreign bodies in an outpatient ENT clinic of a Government hospital in Delta State, Nigeria.

METHODS

This is a 6 year retrospective study of patients presenting at the outpatient clinic of Delta State University Teaching Hospital, Oghara with complaints of foreign bodies in the ear, nose and throat. Delta State University Teaching Hospital is located in the Niger Delta region of Nigeria and serves Delta State as well as adjoining areas of Bayelsa and Edo state. The outpatient records from January 2014 to December 2019 was studied and data extracted from the case note included age, sex, type of foreign body, and site/location of foreign body as well as presenting complaint's /findings.

RESULTS

During this period, 4252 were seen at the outpatient clinic of the ear, nose and throat Department which runs a weekly clinic. Amongst these number 64 presented with foreign bodies in the ear nose and throat region. 44 patients presented with foreign bodies in the ear, 17 patients presented with foreign bodies in the nose while 3 patients presented with foreign bodies in the throat.

FOREIGN BODIES IN THE EAR

20 Adults presented with foreign bodies in the ear as against 24 children a ratio of 1:1.2. 25 were males and 19 females. 26 foreign bodies were/located in the right ear, whilst 15 were in the left ear. 3 patients, 1 adult and 2 Paediatric patients presented with foreign bodies in both ears. 13 adults (29.55 %) presented with cotton bud in the ear whilst 4 (9%) presented with insects with one being a live insect.



CLINICAL PRESENTATION OF FB IN EAR IN ADULTS (NO OF PATIENTS 20)

SYMPTONS	FREQUENCY	%
Hearing Impaired	5	25
Tinnitus	2	10
Otalgia	12	60
Aural Fullness	4	20
Itching	2	10

The foreign bodies that were removed from the children's ears includes pencil parts. 3(6.8%), Beads 4(9%), Earring 2(4.5%), Bits of Eraser 4 (9%), Seeds 2 (4.5%), Selotape/paper 2(4.5%), unidentified 3(6.8%)

FOREIGN BODIES IN THE NOSE

Out of the 17 Foreign body in the nose, there were 2 adults and 15 children with 8 males and 9 females. 3 had blood stained nasal discharge whilst 12 presented with unilateral foul smelling nasal discharge. 2 were incidental findings by parents in addition to this, 2 patients presented with associated snoring.

FOREIGN BODY IN THE NOSE		
Condition	Number of Patients	Percentage (%)
Blood Stained Nasal Discharge	3	17.6
Unilateral Foul Smelling Nasal Discharge	12	70.6
Incidental finding by parents	2	11.8
Total	17	100%



FOREIGN BODY IN THE NOSE

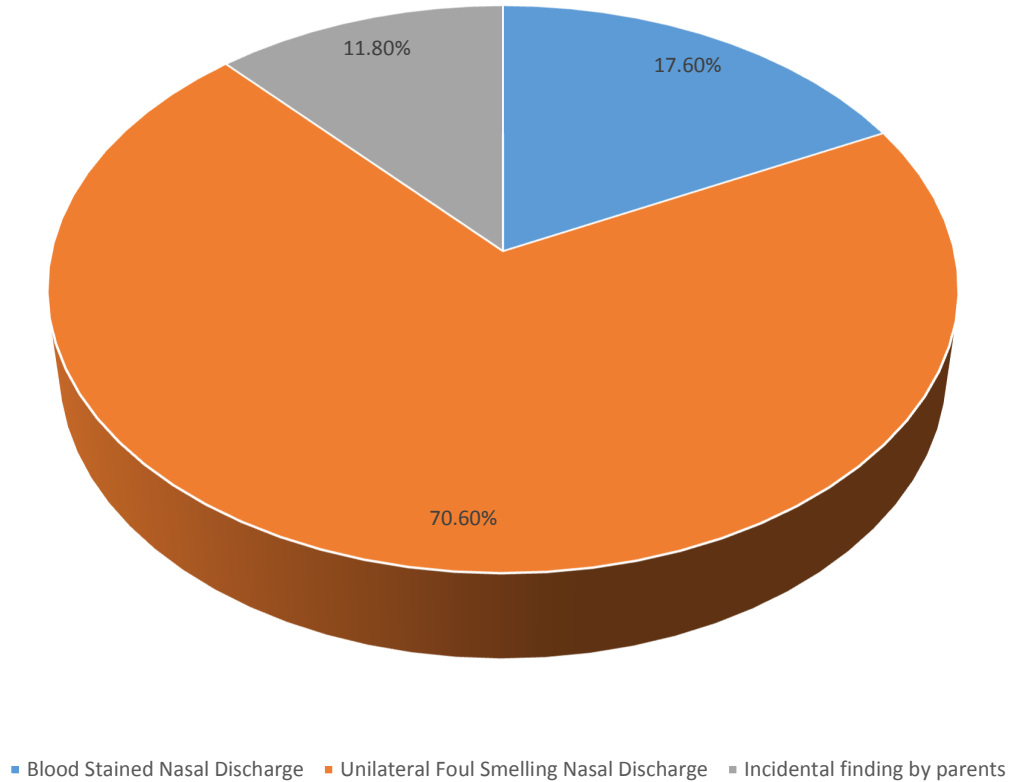
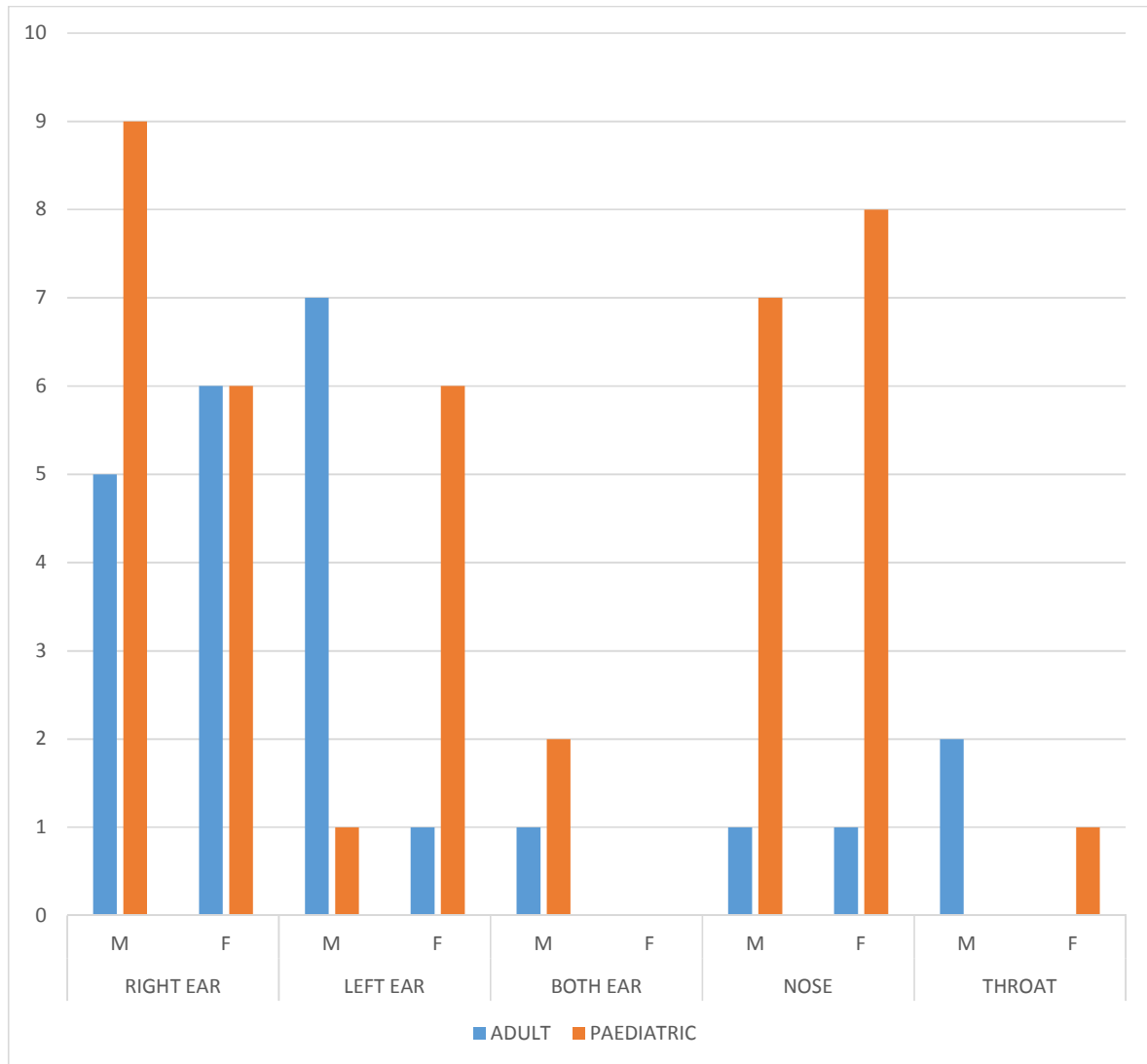


Table 2: A summary from the Table 1, showing classification of patients according to their age and the part of the body where foreign body was discovered

GENDER	RIGHT EAR		LEFT EAR		BOTH EAR		NOSE		THROAT		TOTAL
	M	F	M	F	M	F	M	F	M	F	
ADULT	5	6	7	1	1	0	1	1	2	0	24
PAEDIATRIC	9	6	1	6	2	0	7	8	0	1	40



THROAT

During this period, only 3 patients presented in our out-patient clinic with foreign bodies in the throat; 2 males and 1 female. A 72 year old male who presented with a 2day history of swallowed denture and had to be admitted for Oesophagoscopy and foreign body removal. A 26 year old male presented with a history of ingested fishbone that was removed in the clinic from the right tonsillar bed. The 3rd patient who presented in the outpatient clinic with history of foreign body in the throat was a 5 year old female who presented with a 1 day history of ingestion of a metallic ring. Patient was also admitted and had Oesophagoscopy and foreign body removal was done under General Anaesthesia.



DISCUSSION

Foreign bodies present quite frequently in Otorhinolaryngologic practice. Most Aerodigestive foreign bodies present as emergencies, thus in a relatively busy outpatient clinic where 4,252 seen in a duration of 6 years only 64 (1.5%) presented with foreign bodies in the outpatient clinic of these 68.8 % presented in the ear, 17 (26.6 %) presented in the nose and 3 (4.6%) presented in the throat. Thus confirms that the most common presentation of foreign bodies in an outpatient clinic is in the ear as in most cases, foreign bodies in the ear are not emergencies except in certain conditions like live insects. Indeed the only patient that presented that presented with a live insect in the ear had to have the insect killed by the instillation of methylated spirit before it was removed. Commonest presentation of foreign bodies in adults was cotton bud(29.6%), this agrees with previous studies ^{5,6}, one adult presented with 5 cotton buds in the ear, 2 in the right ear and 3 in the left ear. His presenting complaint was difficulty in hearing and it was on examination that the multiple foreign bodies were noticed. Thus a lot of public health enlightenment needs to be further carried out to discourage the public on the use of cotton buds in the ear.

Most foreign bodies found in children's ear were bits of eraser (9%), selotape/paper (4.5%), pencil parts (6.8%). There are common materials used in schools and thus care givers should be encouraged to pay close attention to children whilst they are at school as most times the history is that it is inserted by a fellow child. The child that presented with foreign body both ears presented with bits of eraser both ears. Thus other orifices should be examined when children present with foreign bodies ^{7,8}. 4 children (9%) present with beads in the ear, of these 3 were female. Thus parents are discouraged from making the hair of females with beads. Most common clinical presentation was otalgia 60% about 25% presented with hearing impairment, 4(20%) presented with itching and other 2(10%) presented with tinnitus. Out of the 17 patients with foreign bodies in the nose 15 (88%) are children in agreement with previous studies. 12(70%) presented with unilateral nasal discharge also in agreement with previous studies. 2 amongst the 3 that presented with blood stained nasal discharge was as a result of previous unsuccessful attempts at removal in another health facility. Medical personnel who are not trained to handle cases like this are thus discouraged from attempting them but rather refer to the specialist as they end up with complications from such injudicious attempts at removal. As mentioned earlier, most aerodigestive foreign bodies are emergencies and out of the 3 cases that presented, 2 had to be admitted and removed under general anaesthesia. Only 1, the ingested fishbone was removed in the clinic.

CONCLUSION

Foreign bodies in the ear nose and throat are a common presentation in outpatient clinic. Use of cotton buds in the ear should be discouraged and care givers in schools are encouraged to pay closer attention to their wards. Also the use of beads in plaiting the hair of female children is highly discouraged.



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