

Impaction of an Unusual Foreign Body in the Palate - A Case Report

M. THOMAS ABRAHAM
BDS, MDS, FDSRCS, FFDRCS.

Clinical Specialist
Dept of Oral Surgery
Hospital Selayang
Lebuhraya Selayang, Kepong
68100 Batu Caves
Selangor

ABSTRACT

A 3-year-old boy was seen with an impacted shiny ivory coloured object in the palate. Attempts to remove the object by his parents and by us in the clinic failed. The child required a general anaesthetic to remove the foreign body. It is suggested that most of these can be successfully managed without complications if one is prepared for eventualities.

INTRODUCTION

The accidental entry of foreign bodies into the oral cavity can be a potentially fatal occurrence in childhood. It commonly occurs in children three and half months to 4 years of age.¹ Children have a tendency to put objects into their mouth. This is a part of their development and as a result accidental aspirations are prone to occur. The most common objects encountered include peanuts, plastic toys, safety pins, thumb tacks and food particles but the literature has also reported not so common objects like stones, cotton, and taco shells.² For some unknown reason children tolerate foreign bodies introduced through the mouth better than adults.³

The most serious consequences of foreign body ingestion in childhood would be sudden and unexpected death from acute upper airway occlusion. However a variety of different mechanisms of death due to ingestion of foreign body may occur in children

which would include haemorrhage, acute cardiac tamponade, arrhythmia, centrally mediated respiratory arrest and sepsis. Sudden death may follow a protracted asymptomatic period due to impaction of foreign body in the oesophagus.¹

It is unusual for foreign bodies to be impacted in the hard palate, as the hard palate is relatively smooth with shallow sloppy curves, but yet there has been reports of impaction of foreign bodies on the palate^{3,4,5} like bottle cap covers, safety pin, bindi (dots / plastic disc that Indian women wore on their foreheads).

In this paper we report another interesting foreign body impaction in the hard palate.

CASE REPORT

A three-year-old boy accompanied by his parents attended our clinic as an emergency. His parents noticed an unusual smooth shiny ivory coloured object in the anterior portion of the hard palate. According to the mother, she had noticed a shiny object while feeding the child, five days prior to attending our clinic. The child was not distressed and tolerated his feeds well. Clinical examination was limited, as the child was not very co-operative. Attempts to remove this object in the clinic were unsuccessful. On examination the object felt smooth and had the consistency of plastic or acrylic. (Fig. 1) The child was admitted and scheduled for removal of the object under emergency general anaesthesia. The object removed was an artificial acrylic fingernail veneer, (Fig. 2) which was found firmly impacted against the two sides of the hard palate (Fig. 1), and hence attempts for its initial removal by the parents and by us failed. Healing was uneventful.

DISCUSSION

With limited clinical examination diagnosis is difficult and one is forced to make a differential



Fig. 1 White shiny coloured object impacted against palate

diagnosis of foreign body, tumour, exposed bone, granulomatous lesion etc. There is a role for examination under general anaesthesia in order to reach a definitive diagnosis and to formulate an appropriate treatment plan. There is a risk in attempting to remove a foreign body in the mouth because of accidental dislodgement of the foreign body and aspiration into the tracheobronchial tree

or oesophagus. A review of the literature reveals that majority of the foreign bodies impacted in the upper oesophagus just below the cricopharyngeal sphincter⁷ with the occasional tracheobronchial aspirations. In the case of tracheobronchial aspiration there is a classic diagnostic triad of sudden onset of paroxysmal coughing, wheezing and diminished breath sounds on the affected side. Chest radiographs

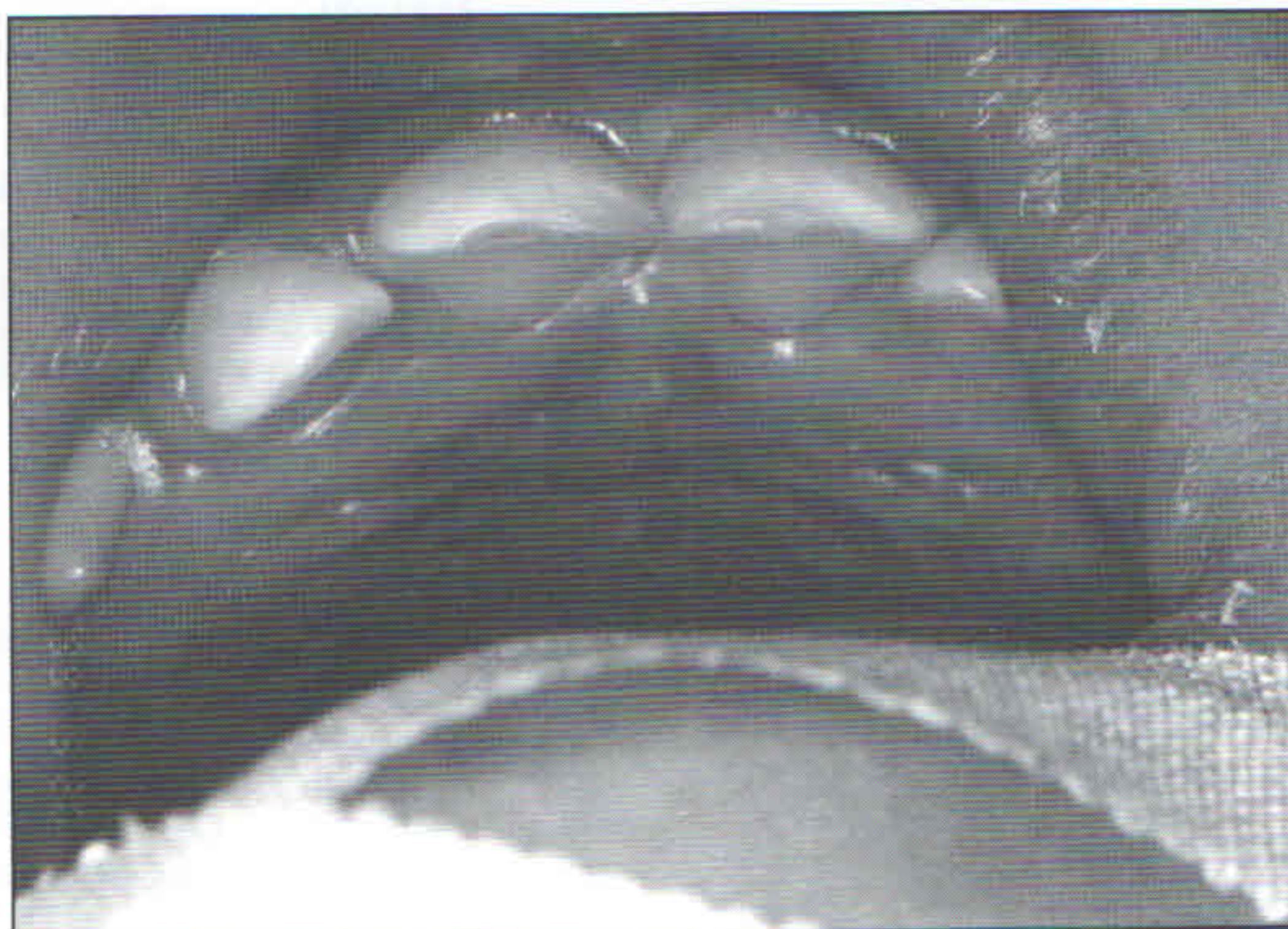


Fig. 2 Palate following removal of foreign body showing normal mucosa

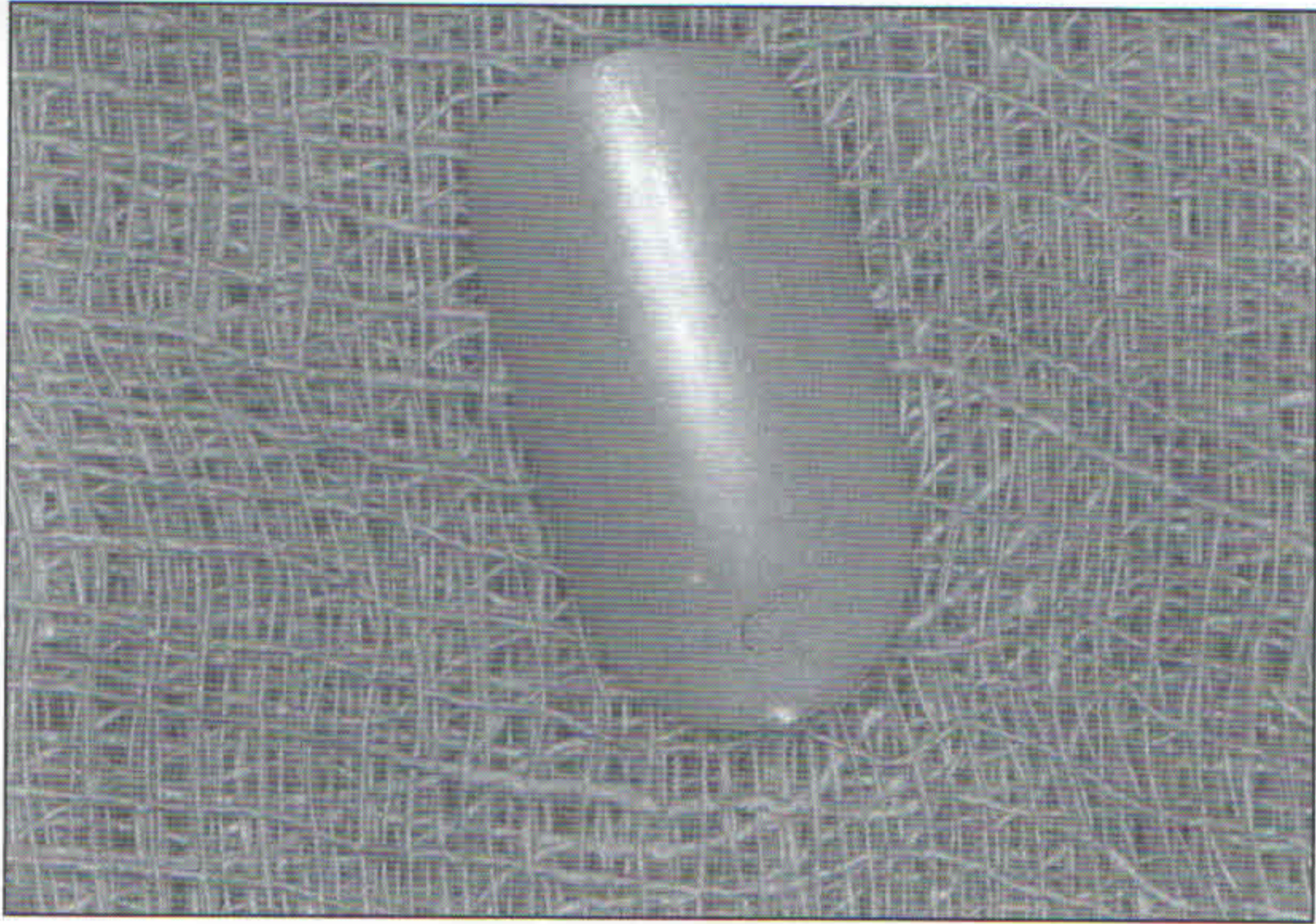


Fig. 3 White shiny object - False acrylic veneer finger nail removed from the palate

can be normal in one third of the cases.² Clinicians should be prepared for these eventualities. This would mean examination under anaesthesia, removal of the foreign bodies, open biopsies, control of haemorrhage and definitive management of the patient.

REFERENCES

1. Byard RW. Mechanisms of unexpected death in infants and young children following foreign body ingestion *J Forensic Sci* 1996; 41:438-41.
2. Hughes CA, Sarody FM, Marsh SR. Paediatric tracheo-bronchial foreign bodies: historical review *annals of otolaryngology* 1996; 105:555-61.
3. Utrata J. Erosion of the soft palate by a foreign body in the nose. *ENT J* 1977; 56:403-4.
4. Ramesh C, Dhar NK. An unusual foreign body in the palate. *Brit J Plastic Surg* 1974; 27:142-3.
5. Richard HS, Ashir K, Kurt AR, Erikos C. Foreign body in the hard palate. *Paed* 1987; 79:484-5.
6. Raine PAM, Mctennan J G. Impaction of a foreign body in the palate *Brit Med J* 1984; 289:879-80.
7. Parker AJ, Yardley WPJ, Owen GD. Dental prosthesis and the impacted swallowed foreign body. *J Roy Coll Surg Edin* 1993; 38:337-8.

Address for correspondence:

Dr. M. Thomas Abraham
126 Jalan Burung Balam
Taman Bukit Maluri
Kepong
52100 Kuala Lumpur
Malaysia