Hypopharyngeal Foreign Body

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An 87-year-old woman was referred to our hospital with frequent vomiting, dysphagia and appetite loss lasting for three days. She rejected solid food, although she was able to drink water. No fever, cough, or dyspnea was observed. She had been bedridden for eight years, as a result of a subarachnoid hemorrhage and was therefore unable to communicate.

A physical examination revealed salivary retention in the patient’s mouth. Although a chest radiograph was normal, computed tomography revealed a foreign body in the hypopharynx (Picture A). Laryngoscopy revealed a piece of lotus root just above the glottis (Picture B). Endoscopic extraction of the lotus root alleviated the patient’s symptoms (Picture C).

All pharyngeal foreign bodies are medical emergencies that require airway protection (1). However, due to seemingly normal radiography results and nonspecific symptoms, the diagnosis is often delayed in such cases. Therefore, physicians should maintain a high degree of suspicion when treating patients with unexplained symptoms.

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Reference