



Medical Imagery

Fishbone Impaction at Nasal Cavity in a Stroke Patient with Aphasia

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1. Case

A 76-year-old woman was referred to otolaryngology department with throat pain, coughing, and the sensation of having a foreign body (FB) in her neck after consuming monkfish few hours ago. She had previous history of cerebral infarction with motor aphasia and was non-cooperative. In addition, she could not localize her pain with words effectively.

Physical examination of the oral cavity, tonsil, base of tongue, piriform fossae revealed no foreign body. However, she still complained of pain with vague localization. Finally, lateral soft tissue neck radiograph revealed a faint radiopaque material at the choana (Fig. 1A, arrow). Nasal endoscopy was performed. A 3-cm-long fish bone was detected in the posterior nasal aperture (Fig. 1B, arrow). The fish bone was safely removed via rigid nasal endoscopy and her symptoms resolved immediately.

Ingested FB were mainly found in the oropharynx and laryngopharynx.¹ However, a FB was found at nasal cavity in this case.

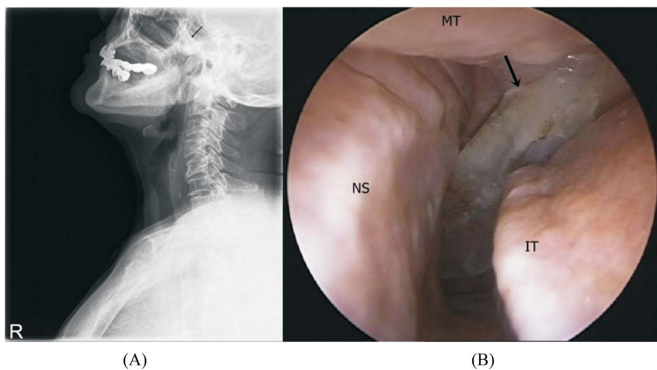


Fig. 1. Radiopaque foreign body in lateral soft tissue radiograph (Figure A, arrow). Fish bone in the posterior nasal aperture by nasal endoscopy (Figure B, arrow).

A continuous cough caused by ingested FB migrated FB to the nasal cavity, nevertheless vascular cognitive impairment and motor aphasia after stroke prohibited the patient from localizing her pain with words properly. Nasal cavities were usually ignored in physical examination for ingested foreign body. We suggest that clinicians consider a close examination of the nasal cavity and nasopharynx when elderly stroke patients complain of throat discomfort with cough.

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Ethical approval

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. (IRB number: CNUH-EXP-2018-07).

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