

A report of two unusual cases of extraluminal migrating foreign bodies in the neck

Kalaiselvi Thuraisingam, MBBS, Nazirah Baharudin, MBBS, Rohaizam Jaafar, MBBS, MS, Hafeza Ahmad MBBS, MS, Elangkumaran Krishnan, MBBS, MS

Department of Otolaryngology, Hospital Kuala Lumpur (HKL), Malaysia

SUMMARY

Fish bone ingestion is one of the most common foreign bodies encountered in Malaysia and South East Asia due to the cultural practice of eating unfileted meat. One of the most feared complications of an ingested foreign body is extraluminal migration into the neck, which can cause morbidity and mortality through life-threatening suppurative and vascular complications. We report two cases of extraluminal migrating fish bone. In the first case, the fish bone migrated from the esophagus into the left thyroid gland causing left thyroid abscess, while in the second case, the fish bone pierced the right carotid sheath and was jarred anterolateral to the right internal carotid artery. We discussed the clinical and radiological evidence of migratory foreign bodies in the neck and the surgical approach that leads to successful outcomes. Both cases gave a history of fish bone ingestion with ipsilateral neck pain showing the presence of a foreign body on lateral neck radiograph but negative rigid esophagoscopy. A Computer Tomography scan confirmed the presence of a foreign body outside the upper aerodigestive tract. The first case underwent neck exploration, which revealed a fish bone embedding the left thyroid gland with abscess formation requiring a left subtotal hemithyroidectomy. The second case underwent neck exploration with the removal of fish bone from the soft tissue adjacent to the internal carotid artery. Both showed good recovery post-operatively. These two case reports highlight the need of suspicion of extraluminal migration of foreign bodies when there is clinical and radiological evidence to support the diagnosis after a negative rigid esophagoscopy. A CT scan is a valuable tool to locate the foreign body and provide a roadmap for surgical intervention that can prevent life-threatening complications.

Nasal myiasis following re-irradiation for sinonasal squamous cell carcinoma: A case report

Ooi Po Lin, MD, Prof Wan Zamaniah binti Ishak, MD

Department of Oncology, University Malaya Medical Centre, Kuala Lumpur, Malaysia

SUMMARY

Nasal myiasis is caused by infestation of larvae of flies in the nasal cavity. This is more commonly seen in tropical countries. Maggot investigation is usually caused by poor nasal hygiene. It may cause deformities in the face, nose and to serious infection for example cellulitis, meningitis and death if overwhelming sepsis. Case notes were obtained from Electronic Medical Records. This case report illustrates a man with a history of sinonasal squamous cell carcinoma and was treated with chemotherapy and radiotherapy in 2014. However, unfortunately in June 2015, he presented again with left eye proptosis and was found to have recurrence. He subsequently underwent tumour excision followed by re-irradiation with concurrent chemotherapy in March 2016. 4 months after completion of treatment, he presented with left eye swelling and redness. Nasal endoscopy revealed maggots occupying the entire roof of the nasal cavity. Interestingly, the maggots were captured on magnetic resonance imaging (MRI) scan of the brain and neck! Nasal douching was done with turpentine and he was treated with a course of intravenous antibiotics. Unfortunately, all the maggots were dead and we were unable to identify the species. Subsequently, maggot infection resolved however he was treated multiple times for left pre-septal cellulitis. His condition deteriorated gradually. He was admitted for reduced consciousness. A repeated CT brain revealed possibility of temporal lobe radionecrosis/infection. He experienced gross cerebral edema with hydrocephalus. His condition did not improve despite antibiotics and steroids. He finally succumbed to the disease. This case illustrates challenges of re-irradiation therapy of the sino-nasal cavity and the rare incidence of maggot infestation post radiotherapy.