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Pharyngeal foreign body obstruction and its *per os* dislodgement: A case report

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Abstract

A non-descript 3-year-old male dog was presented to Emergency Critical Care Unit, Resident Veterinary Services Section, Madras Veterinary College Campus with a history of profuse salivation, nauseatic, repeated attempts of swallowing something and swelling just above the laryngeal prominence with difficulty in breathing. Frequent pawing at the mouth was observed and examination of the oral cavity revealed a irregular shaped bone piece which was obstructing oral cavity at the pharyngeal region. Under sedation with injection Xylazine, the bony was retrieved using Halstead haemostatic forceps. This article reports the successful management of pharyngeal foreign body removal by an oral approach using a Halstead haemostatic forceps without any complication.

Keywords: Pharyngeal foreign body, oral approach, irregular shaped bone piece, dog

Introduction

Foreign body obstruction in dog is not uncommon. Dogs may ingest a variety of foreign bodies because of their inquisitive nature which include pieces of bone, needles, fish hooks, balls, strings and stones. Foreign bodies in dogs are commonly lodged in pharynx^[1, 2], oesophagus^[4] and stomach^[3]. Foreign bodies like wood pieces or bone may wedge between teeth, whereas sharp objects such as needles may get lodged in the soft tissues of oral cavity like palate, tongue or the pharynx^[2, 3]. Acute foreign body obstruction of foreign body may be considered fatal if respiratory system involves. Early management of such cases warrants more survival possibilities than the late successful attempt. Diagnosing the presence of a foreign body in the oral cavity or oesophagus is usually oral examination, but the methods of removal is more challenging and depends on the nature of the foreign body. Cases where oesophageal perforation has already occurred undoubtedly require surgical management⁵. Endoscopic assessment can be performed with subsequent retrieval *per os* or foreign body removal after dislodgement into the stomach. If unsuccessful or if unforeseen complications arise, surgical exploration and removal can be attempted. Advantages of endoscopic retrieval include the avoidance of invasive thoracotomy or laparotomy, significant cost reduction and faster time to recovery^[6].

Case history and Treatment

A non-descript 3-year-old male dog was presented to Emergency Critical Care Unit Resident Veterinary Services Section, Madras Veterinary College Campus with a history of profuse salivation, nauseatic, repeated attempts at swallowing and swelling near the laryngeal prominence. History revealed that the dog was fed with rice and mutton in the afternoon. Frequent pawing at the mouth was observed and examination of the oral cavity revealed a single irregular shaped bone piece in the pharyngeal region (Fig.1). Mucosal aberrations were also observed on the wall of the oral cavity anterior to the obstruction which could have been caused by the irregular edges of the bone piece and due to frequent attempts by the dog to remove the bone with its paw and jaw movements.

Treatment and Discussion

After the careful examination of oral cavity, it was decided to retrieve the bone piece *per os* by oral approach using long Halstead haemostatic forceps since it was within the reach at the pharyngeal region. The dog was pre-medicated with atropine sulphate @ 0.04 mg/kg followed by sedation with xylazine hydrochloride @ 1mg/kg intramuscularly. The dog was positioned in sternal recumbency with the head in an elevated position.

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The upper and lower jaw were split apart using a muzzle tape to have an easy access to the foreign body (Fig. 2 and 3). The tongue was pulled anteriorly for better visualization of the bone piece. The bone piece was retrieved using a Halstead haemostatic forceps without causing damage to the surrounding tissue (Fig. 4). After complete removal of bone pieces, the oral cavity was washed with normal saline. Care was taken to prevent aspiration of normal saline into the trachea. Antibiotic Cefotaxime @ 10mg/kg body weight and Meloxicam @ 0.2 mg/ kg body were administered parentally on day one, followed with oral Cefotaxime and Meloxicam medication for the next four days. The owner was advised to feed liquid diet in small quantities for the next three days. The dog recovered completely without any complications in five days due to the high vascularity of the oral cavity.



Fig 1: Single irregular shaped bone piece obstructing the pharyngeal region

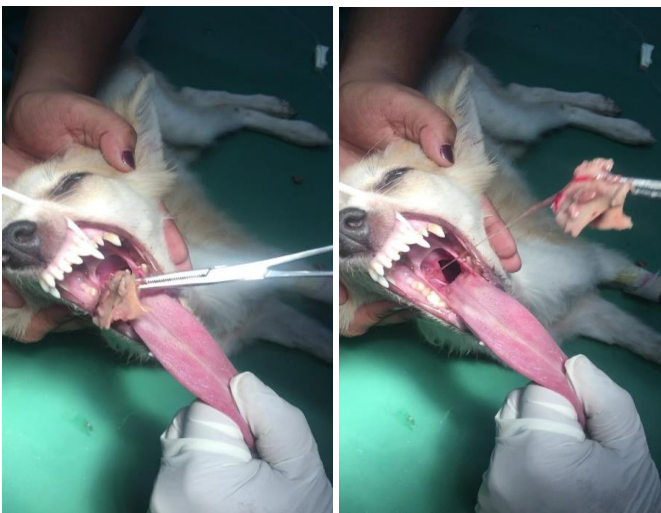


Fig 2

Fig 3

Fig 2, 3: Foreign body retrieval using Halstead haemostatic forceps



Fig 4: Retrieved foreign body from the pharynx

Conclusion

Meticulous dislodgement of foreign body which are obstructing the oropharyngeal region using Halstead haemostatic artery forceps in emergency condition may increase the chances of survivability of the animal.

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