

## An Unusual Foreign body in an Infant- A Case Report

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### **ABSTRACT**

A variety of objects have been reported as foreign bodies in the esophagus in children like coins, batteries, bones, etc. A very unusual foreign body is described herein, namely a SIM card holder pin. A 10 month old infant presented with acute onset of dysphagia which on further investigation revealed a SIM card holder pin impacted in the hypopharynx

**Key words:** foreign body, infant

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### **INTRODUCTION**

Accidental ingestion and lodgement of foreign body in the hypopharynx is a common clinical condition in children<sup>1</sup>. The most common foreign body is a coin, other objects like marbles, batteries and safety pins have also been reported. This clinical record presents an unusual case of impaction of 'SIM card holder pin' of a mobile phone in the Hypopharynx of a female infant. This unusual foreign body has till now not been reported in the medical literature.

### **CASE REPORT**

A 10 month old female child was brought to the emergency department of Jawaharlal Institute of Postgraduate Medical Education and Research, Pondicherry, at 23.00 hrs with alleged history of swallowing 'SIM card holder pin' of a mobile phone 2 hours earlier. The elder brother was apparently playing with dissembled cell phone when his sister mouthed the SIM card pin and eventually swallowed it. The child was irritable and refused feeds after the incident. The parents and relatives made a few failed attempts in retrieving the SIM card pin with the hand before reaching our institute.

On examination, the child was irritable. The vitals were stable. Oropharyngeal examination showed minimal trauma to the palate and posterior pharyngeal wall due to previous

manipulation and no sign of the SIM card pin. Respiratory and abdominal examinations were unremarkable.

An emergency neck and chest radiograph was taken which revealed an impacted sim card holder pin in the patient's hypopharynx (Figure 1). The patient was taken up for emergency hypopharyngoscopy under general anesthesia. The SIM card holder pin was rotated and brought into the hypopharyngoscope and was removed under vision without any mucosal injury. The child's recovery from the procedure was uneventful.



Figure1: AP view radiograph of the neck chest and abdomen.

## DISCUSSION

Accidental ingestion of foreign bodies in the pediatric population is a common occurrence. Most sharp esophageal foreign bodies impact at the level of the cricopharynx, accounting for 70% of cases.<sup>1</sup> These patients present with history of odynophagia and acute dysphagia. Neglected foreign bodies can lead to esophageal perforation and host of other complications and should be removed as soon as possible. Removal of sharp foreign bodies requires utmost skill and expertise as they can easily perforate the esophagus. Diagnosis is

clinical, mainly based on history of ingestion, dysphagia and odynophagia since physical examination mostly is unremarkable. Metallic foreign bodies can be easily detected on routine chest X-ray. The use of handheld metal detectors has also been advocated in metallic foreign bodies in neck.<sup>2</sup>

### CONCLUSION

The SIM card holder pin is a unique foreign body. It has four sharp points and two sharp edges (Fig 2). The foreign body can cause mucosal injury. Hence it has to be removed carefully under vision by sheathing the foreign body with a wide hypopharyngoscope. The report highlights the constant vigilance required to prevent accidental ingestion of foreign bodies by infants and also reinforces the fact that early detection and prompt removal of the foreign body avoids undue complications. This is the first reported case of ingestion of a mobile phone SIM card holder pin in an infant, to our knowledge.



Figure 2: The foreign body. The white arrows demonstrate the four pointed corners and black arrows show the sharp irregular edges.

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