

## **An Unusual Foreign Body Removal from Neck: A Pellet of Balloon Shooting Gun**

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**ABSTRACT:** *Beside infections, foreign body incidences are amongst the most frequently encountered pathologies in Head and neck region. Accidental foreign body with metallic in nature can be associated with dangerous consequences. We present a case of a man who presented with an unusual foreign body, a pellet of balloon shooting gun which get impacted at anterior aspect of lower neck while playing and was not noticed till three days. Unnoticed foreign body are more harmful and related with complications. Radiological investigation is the tool to diagnose it properly apart from clinical examination. Head and neck region is known for its complex anatomy and to deal with it one has to sound knowledge of it.*

**KEYWORDS:** Unusual foreign body, neck, a pellet of balloon, shooting gun

### **INTRODUCTION**

Head and neck area has an intricate anatomy in which foreign body impaction or injuries can occur at all stages of life with underlying heterogenous aetiology. Most of the time it happens accidentally and unnoticeable clinically. The severity and risk for foreign bodies is dependent on the underlying trauma. In addition to a detailed medical history, thorough clinical examination and radiological assessment are crucial for the successful detection of clinically unapparent foreign bodies. These have always posed a challenge to the ENT surgeon.

### **Case Report**

We report the case of a 32-year-old male who was admitted to our Apollo ENT Hospital with a history of foreign body impaction at anterior aspect of the lower neck. The patient's history revealed, that he was playing with balloon shooting gun at home with his children.

During playing, the pellet extruded from gun and hit his neck. At that time patient was fine. There was a scratch over neck. There was no history of difficulty in breathing or swallowing. No history of coughing. He went to a local hospital after three days when he felt little discomfort during neck movements. X-ray of the neck done, which showed an irregular shaped metallic foreign body at anterior aspect of lower neck. He underwent for exploration at same hospital but the surgeons were not able to locate foreign body and sutured it back. After that he referred to our centre where ultrasonography and CT scan neck had been advised and it

revealed an irregular foreign body just touching the anterior wall of the trachea. (Figure ) While clinically there was erythema over sutured wound seen. So intravenous antibiotics had been started, kept in mind that the surgical plane would be less inflamed and infected during re-exploration. The patient had been taken for neck exploration under general anaesthesia after taking proper consent and the pellet was found just abutting the anterior wall of trachea. It was removed successfully without any complication. After the procedure patient was stable.

## **DISCUSSION**

Penetrating foreign bodies of different origins in the head and neck are rare and potentially dangerous injuries, which might pose problems for their detection, primary care, and appropriate treatment. Depending on the severity of the underlying trauma, some injuries present a higher risk for the presence of foreign bodies. Even though these injury patterns are uncommon, they carry the risk of impacted objects with dramatic consequences. Despite improving medical imaging techniques, detection remains a challenge as it is dependent on the material of the foreign body, the affected anatomical site, and the severity of injury. Therefore, a detailed history of the circumstances leading to trauma and history of any surgical intervention is essential when foreign objects are not visible during clinical examination. Precise detection of the foreign body, its anatomical position, and the affected surrounding structures are indispensable, especially for the head and neck area. Radiological investigations are fundamental for diagnosis and surgical programming, as the foreign body is not always evident at the clinical examination.<sup>(1)</sup> To minimize the risk of false-negative findings, conventional X-ray, ultrasound, computed tomography (CT) scan, or magnetic resonance imaging (MRI) very useful to know the expected material of the foreign body (wood, glass, metal, tooth, debris, etc.).<sup>(2)</sup> Therefore, an interdisciplinary planning approach is essential prior to removal of the foreign object.



Figure:1. X-ray showing an irregular shaped metallic foreign body at the anterior aspect of neck.

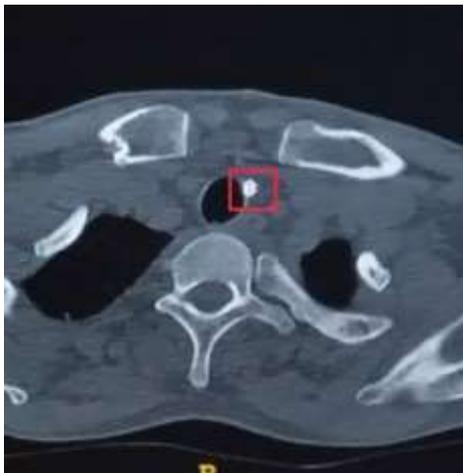


Figure:2. Computed tomography of neck axial view showing metallic foreign body abutting the anterior wall of trachea at the level of suprasternal notch.



Figure:3. Foreign body embedded in soft tissue of the neck and abutted the anterior wall of trachea.

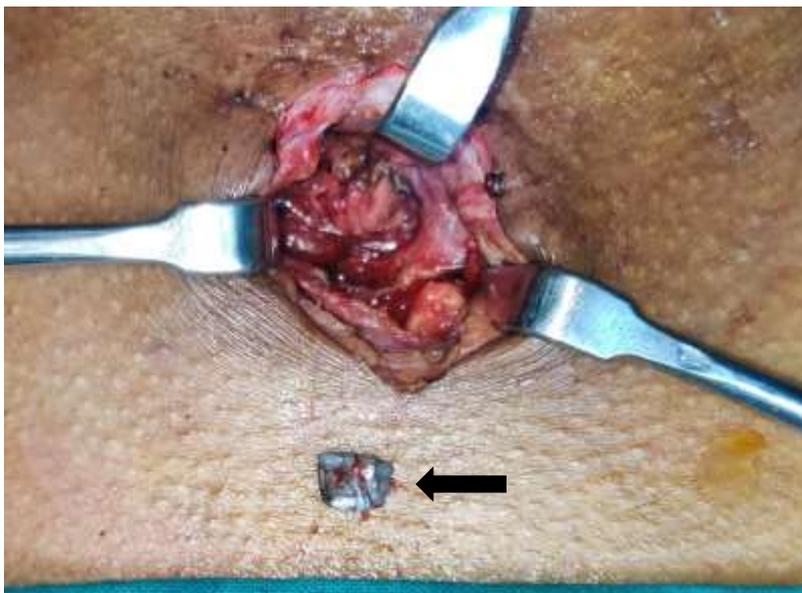


Figure:4. Post removal of foreign body



Figure:5. Foreign body- Pellet of balloon shooting gun

## CONCLUSION

Foreign body removal is always a challenging task especially when it is located in head and neck area. The complexity of the anatomy makes it more crucial for removal. There is always a risk in form of infection, inflammation and complication remains there if the foreign body not removed urgently. Do deal with this, one has to be well acknowledged about the anatomy of neck spaces and the vital structures.

### Compliance with Ethical Standards:

The procedure performed in this case report was 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.”

### Funding:

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### Conflict of Interest:

The author(s) declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this paper.

### Ethical Approval:

The study was published with written consent of the patient.

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