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## Pharyngeal foreign body

**Introduction:** Foreign body a fish in oro-hypopharynx is a rare case and require rapid diagnosis and immediate treatment to prevent complication. There are some complications that can occur, such as upper airway obstruction, perforation of the pharyngeal wall, vocal cord paralysis, pneumomediastinum, and emphysema. Vocal cord paralysis is rare complication caused by a foreign body in the pharynx. The management for pharyngeal foreign bodies is the extraction of a foreign body with Magill forceps, direct laryngoscopy, and rigid endoscopy. Tracheostomy should be performed if endotracheal intubation could not be done or failed to be performed. Objective: Understanding diagnosis and management of patient foreign body a fish in an oro-hypopharynx. Case report: Reported a case, male 40 years old, with diagnosis foreign body a fish in oro-hypopharynx with complication unilateral vocal cord paralysis. The Foreign body was extracted using Magill forceps and rigid esophagoscopy with tracheostomy preparation if endotracheal intubation was failed to perform. **Conclusion:** Foreign body a fish in oro-hypopharynx is a rare case. Precise diagnosis and treatment are very important to prevent complication. Vocal cord paralysis is a rare complication caused by a foreign body in oro-hypopharynx. Foreign body a fish; vocal cord paralysis; Magill forceps; rigid esophagoscopy Page 2 Malinda Meinapuri (Universitas andalas) Biomechy Okmalho Putri (Universitas andalas) ≈ 10.22338/mka.v41.i1.p1-9.2018 This article has been read 1213 times. 1-9 Syamel Muhammad (Fakultas Kedokteran Universitas Andalas) ≈ Dodi Suardi (Divisi Onkologi Ginekologi, Departemen Obstetri dan Ginekologi, Fakultas Kedokteran Universitas Padjajaran) 10.22338/mka.v41.i1.p10-21.2018 This article has been read 806 times. 10-21 Ledl RN Sulistyawati (Fakultas Kedokteran Universitas Pontianak) ≈ Diana Natalia (Departemen Parasitologi FK Universitas Tanjungpura Pontianak) Mahyarudin Mahyarudin (Departemen Mikrobiologi FK Universitas Tanjungpura Pontianak) 10.22338/mka.v41.i1.p22-31.2018 This article has been read 968 times. 22-31 Ade Asyari (Bagian Telinga Hidung Tenggorok Bedah Kepala & Leher, Fakultas Kedokteran Universitas) ≈ Novialdi Novialdi (Bagian Telinga Hidung Tenggorok Bedah Kepala & Leher, Fakultas Kedokteran Universitas) Nur Azizah (Bagian Telinga Hidung Tenggorok Bedah Kepala & Leher, Fakultas Kedokteran Universitas) 10.22338/mka.v41.i1.p32-39.2018 This article has been read 788 times. 32-39 Gambaran radiologi leiomioma intravena dengan perluasan ke intrakardiak Tuti Handayani (Universitas Andalas) ≈ 10.22338/mka.v41.i1.p40-47.2018 This article has been read 763 times. 40-47 Preface and ToC - Vol 41, No 1 (2018) This article has been read 22 times. Ages affected (typical range 1 to 4 years old)Age under 3 years old: 50%Age under 4 years old: 80%Age under 10 years old: 95% Increased incidence at holiday time Known object aspiration in less than 40% of cases Choking deaths related to toy use 68% of time Foreign Body Aspirations and ingestions are responsible for 3000 deaths per year in the United States ChildrenLatex Balloons (responsible for 29% of Choking deaths)Marbles, Balls (responsible for 19% of Choking deaths)PeanutsPopcornGrapesHot dogsOther foodsCoinsPlastic or metal small toysButton batteries (caustic) AdultsFish bonesMeat and bone pieces ElderlySwallowed dentures or partials Acute onset of Choking, coughing, Stridor or WheezingOnset after eating or playing with potential Choke Hazards Up to one third of Foreign Body Aspirations are unwittingnessForeign Body Aspiration diagnoses are delayed in up to 40% of casesKeep Foreign Body Aspiration on differential in a child with respiratory complaintsConsider a second foreign body, when one is found (e.g. Nasal Foreign Body, Ear Canal Foreign Body) Consider Foreign Body Aspiration with subacute respiratory conditionsProlonged coughUnilateral WheezingPersistent respiratory symptoms refractory to standard management (e.g. Albuterol)Persistent or recurrent Pneumonia in the same lung region Noisy Breathing with sudden onset and then persistent (variably present) Symptoms may vary by foreign body sizeSmall objects may produce only a coughLarger objects may cause sonorous rhonchi Location of pain indicates foreign body locationAnterior jaw pain (pharynx)Neck Pain (cervical esophagus below cricopharyngeous)Chest Pain (thoracic esophagus) Initial Associated Symptoms or signs (may be asymptomatic)CoughWheezing or StridorChokingDysphagiaDysphonia Chronic Symptoms or signsAcute or chronic Pneumonia All pharyngeal and airway foreign bodies are medical emergenciesAsymptomatic patients may abruptly transition to complete airway obstructionForeign bodies migrate, incite local inflammation and cause distal AtelectasisChoking episodes with suspected foreign body, must be thoroughly evaluated before dispositionNon-diagnostic imaging and exam does not exclude foreign body Emergently involve clinicians skilled in Advanced Airway management (e.g. Emergency Department, ENT, Anesthesia) Most throat foreign bodies require sedation and endoscopy PrecautionsXRays are normal in >50% of tracheal Foreign Body AspirationsXRays are normal in >25% of Bronchial Foreign Body AspirationsForeign Body Aspirations are radiolucent in >75% of Foreign Body Aspirations in age 1 to 3 years old Object is uncommonly radiopaque and visible (10-20%)Flat foreign bodies may orient in a plane indicating their locationTracheal foreign bodies often orient in a median or sagittal plane (anterior-posterior)Coins appear as a circle on lateral filmsEsophageal foreign bodies often orient in a frontal or coronal plane (right-left)Coins appear as a circle on anterior-posterior films Obtain right lateral decubitus and left lateral decubitus Chest XRaysMechanismAirway Foreign Body creates a ball-valve effect, in which air can enter, but is not expelledWith the right lung down (right lateral decubitus xray), the right lung normally deflatesHowever in right mainstem Bronchus foreign body, air is trapped and remains expandedWith the left lung down (left lateral decubitus xray), the left lung normally deflatesHowever in left mainstem Bronchus foreign body, air is trapped and remains expanded Secondary findings distal to the obstruction XRay of soft tissues of neck Expiratory chest filmDifficult to obtain in children (lack of cooperation) Abdominal XRay Barium swallow or GastrografinIndicated for suspected Esophageal Perforation Provide Supplemental Oxygen Keep patient as calm as possible and allow them to assume a comfortable position Do not perform back blows or blind finger sweeps (may completely obstruct airway) Avoid paralysis for Laryngoscopy as trachea may collapse around foreign body (use Conscious Sedation instead) Consult otolaryngology, general surgery or pulmonology for bronchoscopy Consider adjunctive and temporizing measuresRacemic Epinephrine nebulizationOndansetron (Zofran)Heliox See Precautions as above Consult if suspicion of retained Airway Foreign Body despite negative testingLaryngoscopy or bronchoscopy is often indicatedRemoval becomes more difficult with delayed removal (local inflammation and distal migration) Observe in emergency department with serial examinationsConsider hospital admission even in the asymptomatic patient, if higher clinical suspicionIf discharged, consider short interval scheduled follow-up with consultant Criteria for dischargeUncompelling history and child asymptomaticNormal imaging and examLow clinical suspicion for retained Airway Foreign Body Return Indications Parents of preschool children should keep them away from potential Choke Hazards (see above) Keep children from Running while eating Avoid hot dogs, seeds and peanuts in children under age 3 years old Images: Related links to external sites (from Bing) Ontology: Choking (C0008301) Definition (MEDLINEPLUS) Food or small objects can cause choking if they get caught in your throat and block your airway. This keeps oxygen from getting to your lungs and brain. If your brain goes without oxygen for more than four minutes, you could have brain damage or die. Young children are at an especially high risk of choking. They can choke on foods like hot dogs, nuts and grapes, and on small objects like toy pieces and coins. Keep hazards out of their reach and supervise them when they eat. When someone is choking, quick action can be lifesaving. Learn how to do back blows, the Heimlich maneuver (abdominal thrusts), and CPR. Definition (NCI) A condition caused by blocking the airways to the lungs and interference with the respiration by compression or obstruction of the larynx or trachea. Concepts Pathologic Function (T046) MSH D000402 SnomedCT 69710001, 249489001 LNC LA17127-4 French ASPHYXIE, Etouffement, Etouffement Spanish AHOGO, Ahogo, ahogo (hallazgo), ahogo (concepto no activo), ahogo, atragantamiento (hallazgo), atragantamiento Italian Sofocamento, Strozzamento Japanese 息詰まり, 窒息, 窒息 Portuguese Afogo, Sufocado, Sufocação German Ersticken, ERSTICKEN English choking, choking (symptom), choke, CHOKING, Choking (finding), Choking (finding) [Ambiguous], Choking Czech Dušení, dušení se Hungarian Fuldoklás Norwegian Kveling Dutch verstikking, Stikken This material must not be used for commercial purposes, or in any hospital or medical facility. Failure to comply may result in legal action. WHAT YOU NEED TO KNOW: A foreign body in the pharynx is an object that gets stuck in your child's throat. Some examples include small toys, button batteries, and magnets. Foods such as hotdogs or raw fruits and vegetables can also become stuck. Your child may choke on the object. DISCHARGE INSTRUCTIONS: Return to the emergency department if: Your child has trouble swallowing. Your child cannot stop coughing, choking, or wheezing. Contact your child's healthcare provider if: Your child has a fever. Your child has blood in his saliva. Your child does not want to eat because it hurts to swallow. Your child is drooling. Your child has hoarse speech. You have questions or concerns about your child's condition or care. What to do if your child is choking: Call 911 if your child was choking and has passed out. Do CPR if you or no one else has been trained, just wait for help to do it. If you or no one else has been trained, just wait for help to do it. If you or your child is awake but cannot breathe, talk, make noise, or he is turning blue. Do abdominal thrusts (Heimlich Maneuver) if you are trained on how to do these. Abdominal thrusts must be done properly to avoid causing harm to a young child. Abdominal thrusts are taught in First Aid courses. CPR is also taught as part of this course. Watch your child carefully if he can breathe and talk. Your child's airway is not completely blocked if he is able to breathe and talk. Do not pat his back or reach into his mouth to try to grab the object. These could push the object farther down the airway. Stay with your child and keep calm until the choking has stopped. Prevention: The following can help prevent another foreign body from getting stuck in your child's pharynx: Be careful about foods you give children younger than 4. A child younger than 4 can easily choke on certain foods. Do not give him hotdogs, sausage, nuts or seeds, or chunks of meat or cheese. Do not give him popcorn, hard candy, gum, or marshmallows. Ask for more information on foods that can cause choking in young children. Cut your child's food into small pieces. Remind him to chew his food well before he swallows. Do not allow your child to run with food in his mouth. Inspect toys carefully before you give them to your child. Look at the toy closely to make sure there are no small parts that can easily come off and cause choking. Toy packages usually include warnings about choking risk in young children. Toys may not be safe for very young children even if the toy package shows that it is. Regularly check your home for small items that a child can choke on. Look in places where small items may not be clearly visible, such as under furniture. Get down on the floor to look for small items that your child can find and put in his mouth. Keep small objects out of children's reach. Take a first aid or CPR course. These courses can help you be prepared in case of emergency. Ask a healthcare provider for training organizations near you. Follow up with your child's healthcare provider as directed: Write down your questions so you remember to ask them during your child's visits. © Copyright IBM Corporation 2021 Information is for End User's use only and may not be sold, redistributed or otherwise used for commercial purposes. All illustrations and images included in CareNotes® are the copyrighted property of A.D.A.M., Inc. or IBM Watson Health The above information is an educational aid only. It is not intended as medical advice for individual conditions or treatments. Talk to your doctor, nurse or pharmacist before following any medical regimen to see if it is safe and effective for you. Always consult your healthcare provider to ensure the information displayed on this page applies to your personal circumstances. Medical Disclaimer 1. Panieri E, Bass DH. The management of ingested foreign bodies in children - a review of 633 cases. Eur J Emerg Med. 1995;2:83-7. [PubMed] [Google Scholar]2. 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Office-based videoendoscopy for the hypopharynx and cervical esophagus. Am J Otolaryngol. 2002;23:341-4. [PubMed] [Google Scholar]8. Sato K. Extraction of minute pharyngeal foreign bodies with the videoendoscope. Ann Otol Rhinol Laryngol. 2003;112:693-6. [PubMed] [Google Scholar]9. Sato K, Nakashima T. Office-based foreign-body management using videoendoscope. Am J Otolaryngol. 2004;25:167-72. [PubMed] [Google Scholar]10. Price T, Sharma A, Snelling J, Bennett AMD, Qayyum A, Bradman T, et al. The role of trans-nasal flexible laryngo-oesophagoscopy (TNFLO) in ENT: one year's experience in a head and neck orientated practice in the UK. Clin Otolarygol. 2005;30:551-6. [PubMed] [Google Scholar]Page 2Doses of topical anestheticLignocaine (mg)4 sprays lidocaine (5%/phenylephidine (0.5%) to nose303 ml Instagel (lidocaine 2%) to nose605 ml Instagel (lidocaine 2%) on endoscope1002 sprays lidocaine (10%) to mouth/oropharynx20Total topical dose210

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