

The Ubiquitous Foreign Body

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Foreign bodies such as pins, tacks, screws and buttons are not infrequently found to be the underlying cause of chronic nasal discharge in small children. They may in fact be overlooked and remain in the nose for many years when they tend to become coated with salts of calcium and magnesium. The so called rhinolith is usually none other than a foreign body coated with such deposits. The vast majority of foreign bodies are discovered in children under the age of 4 years and they find their way into the nose as a result of curiosity, boredom or during the course of games. For example, some children roll up pieces of paper and insert them into the noses of their younger siblings while engaged in a species of pastime dignified by the name of 'Mothers' and 'Babies'. The idea no doubt comes to them from having seen their mothers using twists of cotton wool to clean the baby's nose.

The following report illustrates just such a case but additional interest is compounded by the fact that the child was awaiting repair of its cleft palate. It is rather surprising that under these circumstances the 3 foreign bodies removed from the nose were not discovered earlier than they eventually were.

Case Report

A 15 month old child, with 5 siblings whose ages ranged from 3 to 12 years, was admitted for closure of her unilateral complete cleft palate, the lip alone having been repaired at the age of 3 months. For 12 weeks prior to admission there had been a chronic nasal discharge which had been treated with antibiotics by the family doctor.

Examination revealed that there was still a purulent discharge present and in addition the child was found to have conjunctivitis and several sties. There was no fever and the remainder of the general examination and investigations were found to be within normal limits.

Culture of a nasal swab produced a heavy growth of *Proteus* and after discussion with a pediatrician, who was asked to see the child, topical antibacterial treatment was prescribed for the nose and eyes. The child was then sent home and the family doctor asked to follow her progress and to readmit her when she was fit. After an interval of 3 months, during which time the discharge had continued intermittently, the child was

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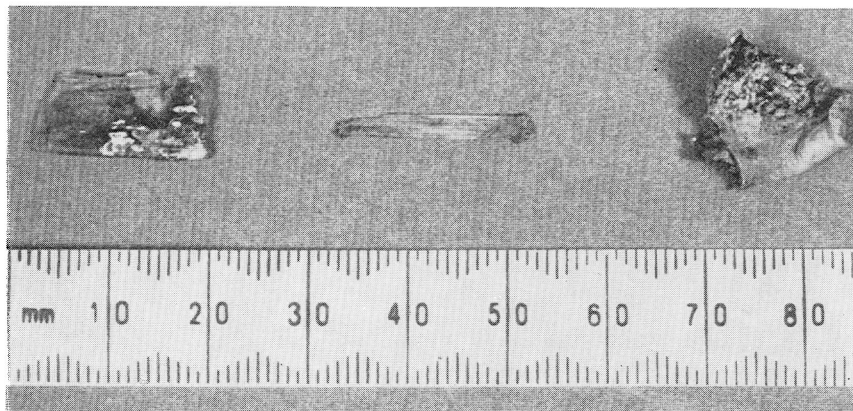


FIGURE 1. Three foreign bodies removed from the nose.

readmitted and although at this time the discharge had ceased, the ward sister remarked that she could still detect an evil smell in the region of the nose. A nasal swab again produced a growth of *Proteus*.

Since the throat looked healthy and the child was otherwise well, it was decided to go ahead with the palatal repair. To the surprise of the 3 surgeons associated with the case, 2 pieces of rolled up paper and a small piece of wood were discovered in the left nostril while the nose and mouth were being cleaned on the operating table. (Figure 1). Following the removal of these foreign bodies, the palate was repaired and an uneventful postoperative recovery was made by the child.

Discussion

Whether or not it is uncommon, as I suspect it is, for a foreign body to be discovered in the nose of an infant with an unrepaired cleft palate, is of no interest compared with the fact that 5 doctors contrived to overlook the possibility of a foreign body being at the root of the problem in this instance.

One of the objects of this paper is to draw attention to the frequency with which simple explanations still tend to be swept aside by esoteric ideas, in this age of super-specialization. In this case, by failing to entertain the idea of a foreign body, we who examined the child were responsible for the unnecessary use of drugs and for a delay in the repair of the palate. In mitigation, at least it can be said that our main concern was for optimal conditions in which to undertake the palatal repair.

On this subject one should not forget that the first opportunity affords the best chance of producing an effective repair of what is to be the individual's one and only palate for life. Clearly sound general health, an adequate hemoglobin and absence of local infection are essential prerequisites but some surgeons insist on clear nasal and throat swabs. I believe that a growth of hemolytic streptococci is a contraindication to surgery

but that most other common bacteria grown from these swabs are not prejudicial to sound healing if the throat and palate themselves appear clinically healthy. There is no universal agreement on whether nasal and throat swabs should be taken on all patients before the repair is attempted. For my own part, I only swab patients when the history or physical examination suggests the possibility of some local infection.

Finally, although no admissions were forthcoming, it seems most likely that the articles found in the nose were put there by one of the child's 5 brothers and sisters.

Summary

A case in which 3 foreign bodies were discovered in the nose of a child awaiting repair of her cleft palate is presented. Attention is drawn to the frequency with which common explanations to clinical problems are still overlooked. The controversial question of preoperative preparation of the patient with a cleft palate is discussed.