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RESEARCH ARTICLE

AN UNUSUAL PRESENTATION OF A LARYNGEAL FOREIGN BODY MIMICKING AS LARYNGEAL CARCINOMA

B. Muthu Kumar[1], N. Murugan[2] and C. Prabha[3]

1. Assistant Professor, Department of ENT, Madurai Medical College, Madurai.
2. Assistant Professor, Department of ENT, Madurai Medical College, Madurai.
3. ENT Post Graduate.

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Abstract

A 35-years old male, who is a chronic smoker and alcoholic, presented with complaints of persistent voice change and dysphagia for one month. No history of foreign body ingestion was noted.Videolaryngoscopic examination revealed a lesion suspicious for malignancy, and a CT scan of the neck showed a heterogeneous, soft tissue-dense lesion in the left aryepiglottic fold, left paraglottic space & pyriform fossa ,suggestive of malignant growth. He underwent a microlaryngoscopic biopsy under general anesthesia. During the procedure for biopsy, the entire mass was excised from the left laryngeal ventricle. Macroscopic examination of the mass revealed that it was an engulfed foreign body(mutton bone).

Introduction:-

A foreign body in the airway is uncommon due to airway protection mechanisms. However, when it occurs, it can be a life threatening emergency. The patient's symptoms resulting from a foreign body depend on its location and degree of blockage. Respiratory symptoms are crucial for the early diagnosis of laryngeal foreign bodies.Generally,foreign bodies in the larynx can cause dysphagia,dyspnea,cough,wheezing,stridor,or acute respiratory obstruction.

Aim & Objectives:-

Our aim was to unveil and evaluate the unusual presentation of laryngeal foreign bodies in order to avoid misdiagnosis and improper treatment.

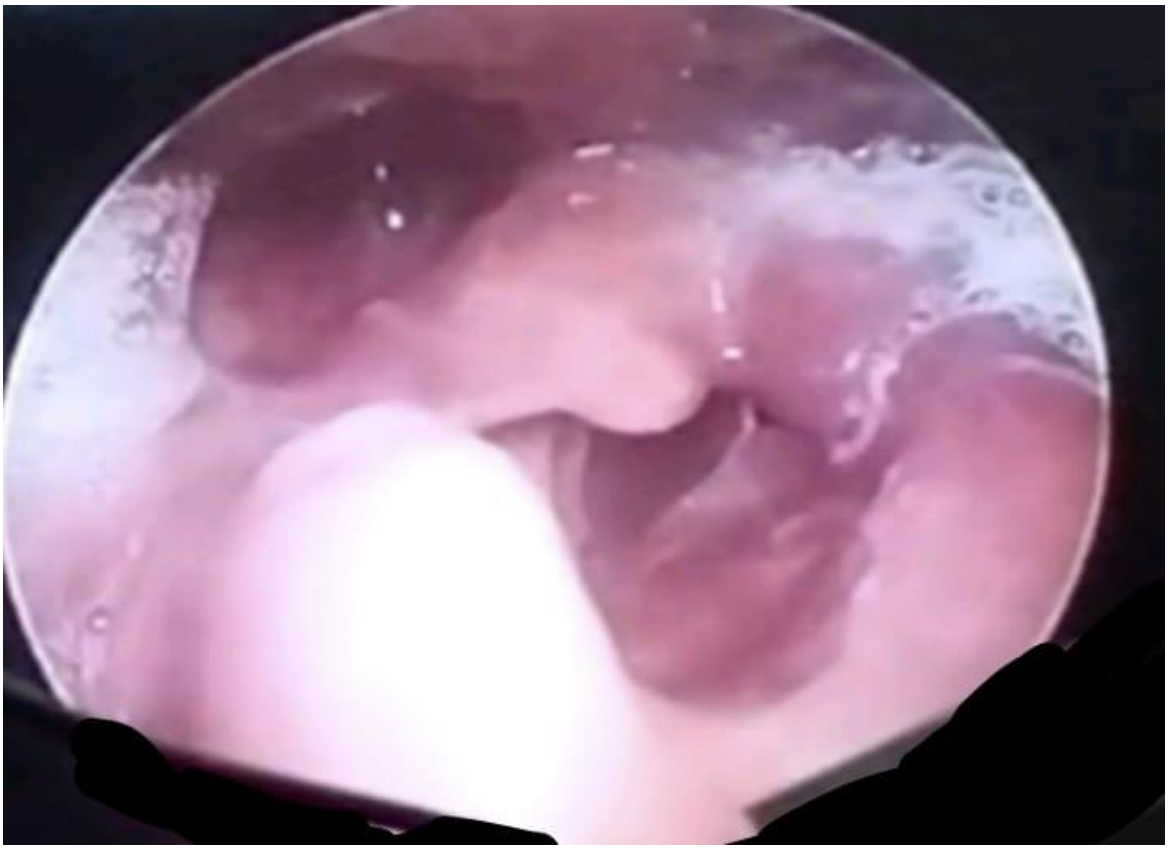
Materials and Methods:-

A 35years old male who presented to the Department of ENT,at GRH Madurai with complaints of persistent Voice change &difficulty in swallowing for the past one month.No history of fever, cough, difficulty in breathing/noisy breathing .No history of Foreign body sensation in the throat/weight loss. No history of previous surgeries.Chronic smoker and alcoholic for the past 10 years.He was a known case of Type 2 Diabetes Mellitus and on regular treatment for the past 5 years. Not a known case of hypertension ,bronchial asthma, pulmonary Tuberculosis, coronary heart disease. On examination he was conscious ,oriented and afebrile. Vitals were stable.

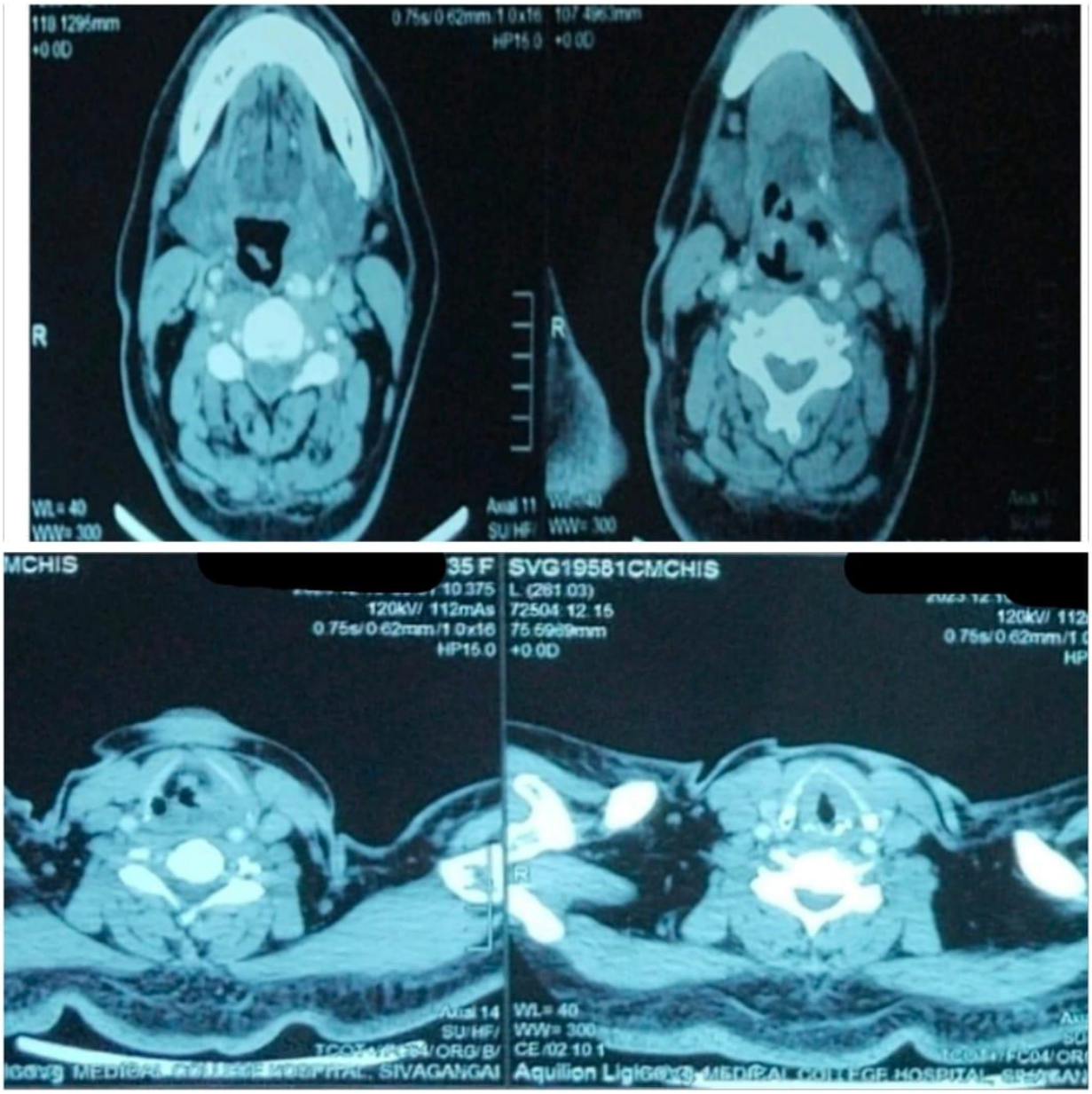
Corresponding Author:- B. Muthu Kumar
Address:- Assistant Professor, Department of ENT, Madurai Medical College, Madurai.

Auscultatory findings -bilateral air entry was equal. Oral cavity and oropharynx examination was clinically normal.No Palpable cervical lymphadenopathy.Videolaryngoscopic examination findings showed edematous epiglottis,left arytenoid & aryepiglottic fold. Left pyriform fossa-pooling of saliva(+), left vocal cord movement was restricted, Glottic chink adequate. CT-neck showed a heterogeneous soft tissue dense lesion in the left aryepiglottic fold ,left paraglottic space and left pyriform fossa, suggestive of malignant growth. All the routine blood investigations were taken.Anaesthesia fitness was obtained.Patient was takenup for microlaryngoscopic biopsy under general Anaesthesia.

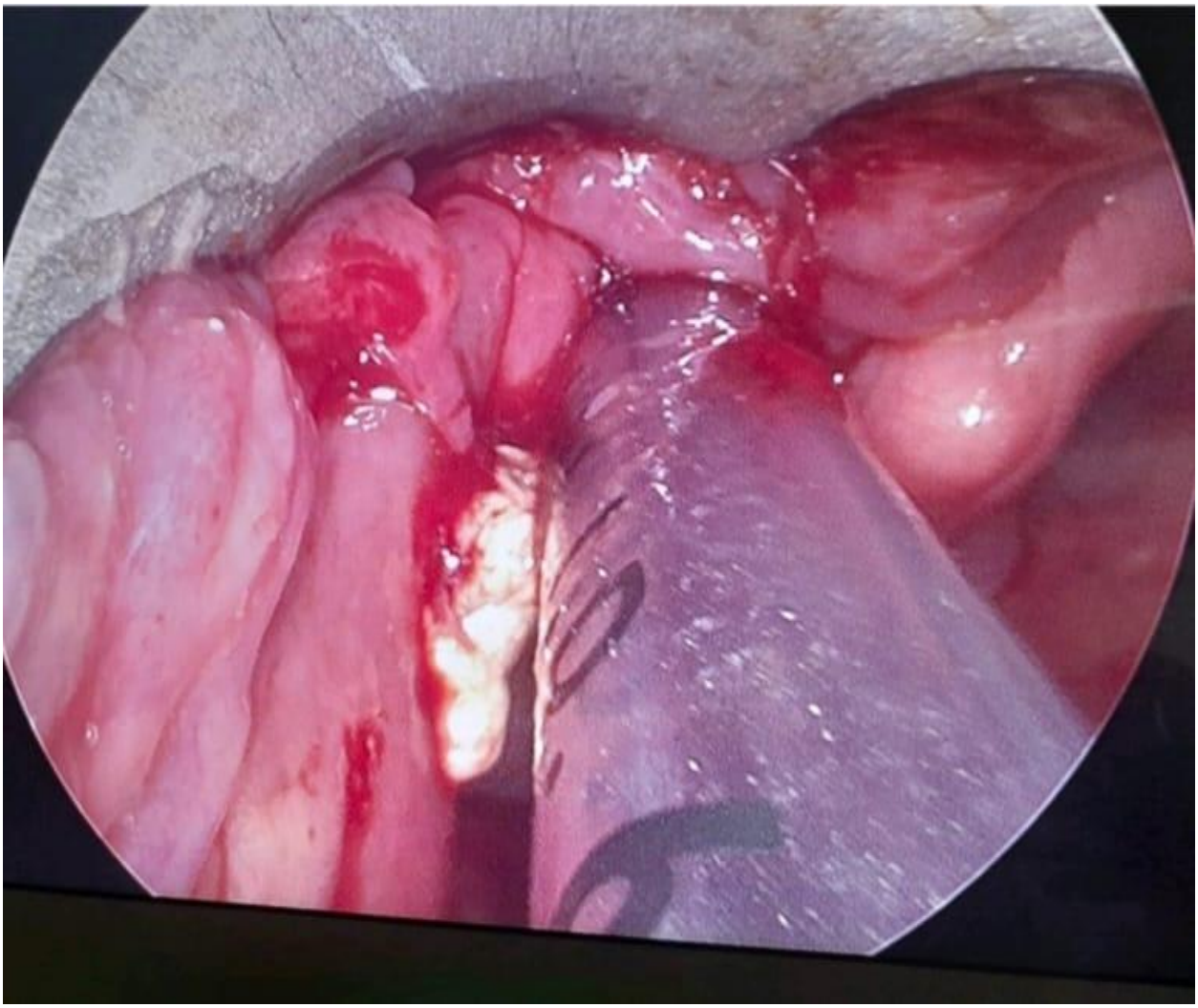
During the procedure for biopsy,the entire mass was excised from the left laryngeal ventricle. Macroscopic examination of the mass revealed that it was an engulfed foreign body, found to be a mutton bone.



Preoperative videolaryngoscopic image showing edematous left arytenoid and aryepiglottic fold. Pooling of saliva present in the left pyriform fossa.



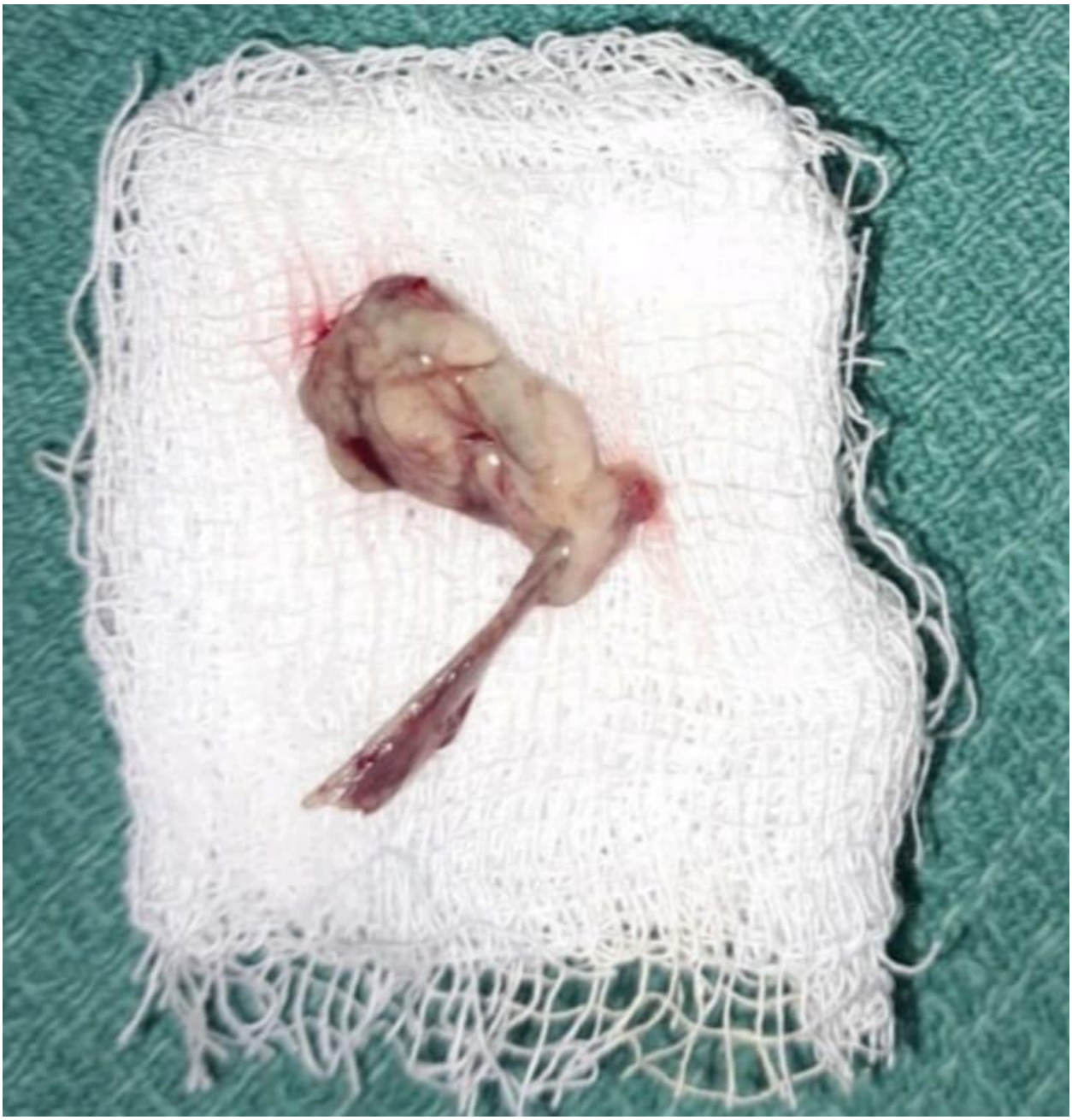
CT neck -Heterogenous enhancing soft tissue lesion noted in the left aryepiglottic fold, paraglottic space and pyriform fossa .



Intra OP Image:
A Slough covered mass was noted in the left arytenoid, aryepiglottic fold and left ventricle

Results:-

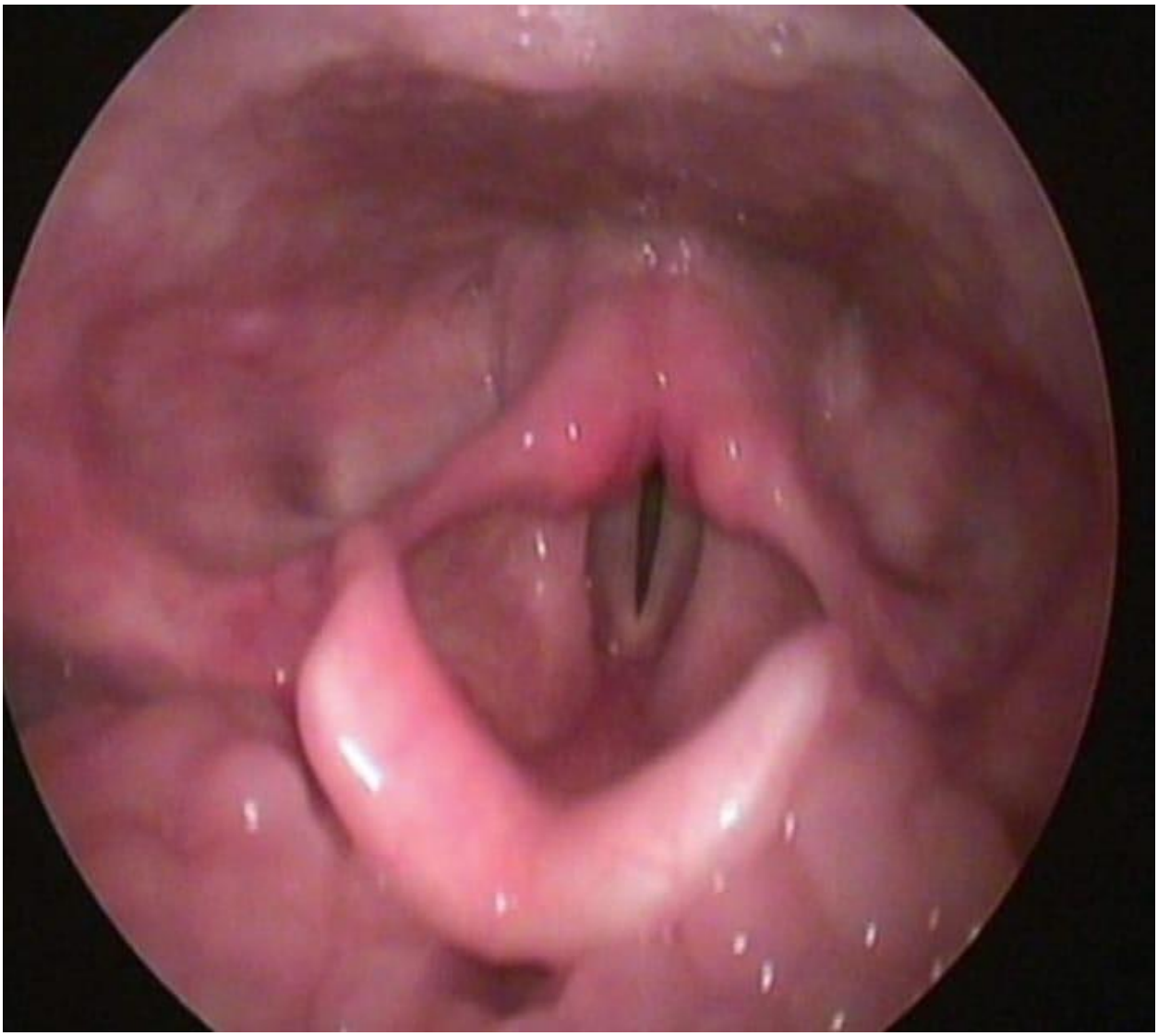
The engulfed foreign body(mutton bone)was removed and the patient was treated with intravenous antibiotics for five days . Patient symptoms improved clinically. Postoperative videolaryngoscopic examination showed that the bilateral arytenoids, aryepiglottic folds, bilateral vocal cords, and bilateral pyriform fossa were normal.



Foreign Body (Mutton Bone)

Post OP Videolaryngoscopic Image

After 2 weeks of the postoperative period ,the videolaryngoscopic image shows- bilateral arytenoids, aryepiglottic folds, bilateral vocal cords, and bilateral pyriform fossa were normal.



Discussion:-

Symptoms of leftout laryngeal foreign bodies can mimic those of laryngeal cancer, based on their location. The shape and size of the ingested material also has a bearing on the location of impaction. Patients may experience sudden, life-threatening airway obstruction or develop gradual, subtle symptoms.

Summary & Conclusion:-

Laryngeal foreign bodies are uncommon in adults and can present with symptoms similar to those of laryngeal cancer .Comprehensive evaluations are essential for red flag symptoms to rule out malignancies.

Review of Literature:-

Helen Turner et al reported a 74-years old woman presented with a history of persistent hoarseness, a concerning symptom for laryngeal cancer. Flexible endoscopy identified a suspicious lesion, prompting a microlaryngoscopy and biopsy attempt .During the procedure,a foreign body was Successfully removed from a dilated laryngeal ventricle .It is believed that subtle anatomical changes from a pre-existing unilateral vocal cord paralysis may have contributed to the foreign body's impaction.

I.Rana et al reported an elderly patient with a six-month history of progressive dysphagia, who was referred by physician after investigations suggested a hypopharyngeal malignancy.However,during a biopsy,the hypopharyngeal mass was unexpectedly found to be a dental plate.This case highlights the importance for otolaryngologists to consider that pharyngeal foreign bodies,such as dental plates,can present with symptoms that resemble malignancy,even in the absence of a clear history of foreign body ingestion.

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