ENT Emergencies
Non organic FB in ear
Organic FB in Ear

**Rx:** Kill insect with Olive Oil or Alcohol

Then try syringing with warm water

Urgent ENT referral

If organic seed don’t use irrigation because it will absorb the water and enlarge, and also would create a better medium for bacterial growth
FB in the Nose

Urgent ENT referral
Foreign body in the Throat

- **Children**
  - Peanuts
  - Coins
  - Small toys
  - Sliced hot dogs
  - Button batteries (caustic)

- **Adults**
  - Fish bones
  - Meat and bone pieces

- **Elderly**
  - Swallowed dentures or partials
Sites of Impaction

• Fish bones: Oropharynx
• Other foreign body: pharyngo-esophagus
• In esophagus: most common site:
  1. upper sphincter (cricopharygeus)
  2. lower sphincter (inlet of the stomach)
  3. level of aortic compression on esophagus
Foreign body in the Throat

• Most common foreign bodies are meat or fish bone.
• Young children with their natural tendency to put everything possible into their mouths may swallow a large variety of objects
• Most common sites for the foreign body to be stucked in are:
  • Tonsils
  • Anterior pillar
  • Valeculla
  • Pyriform fossa
Clinical Features

• Symptoms are related to the site
• Sudden onset of **stridor** is most suggestive of **foreign body aspiration**
• Hoarseness of voice
• Hx of choking and coughing (esp while eating) *if* choking episode occurs while a young child is eating nuts, the risk of foreign body aspiration is high. Bronchoscopy should be highly considered here
• Sensation of something ‘sticking’ in throat
• Sudden dysphagia, odynophagia
• Dysphonia
Tracheal/Bronchial

• **Diagnosis:**
  – History & PE
  – X-ray (Imaging Studies)

• **Treatment:** Laryngoscopy / rigid bronchoscopy
Tracheostomy is a surgically created opening in the neck leading directly to the trachea (the breathing tube). It is maintained open with a hollow tube called a tracheostomy tube.
Indications

1. Mechanical obstruction of the upper airways.
2. Retention of bronchial secretions
3. Protection of tracheobronchial tree in patients at risk of aspiration.
4. Respiratory failure.
5. Elective tracheostomy, e.g. during major head and neck surgery a tracheostomy can provide/improve surgical access and facilitate ventilation. (if intubated for more than 10 days to reduce the risk of subglottic stenosis)
# Mechanical Obstruction

<table>
<thead>
<tr>
<th>Cause</th>
<th>Examples</th>
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<tbody>
<tr>
<td>Congenital</td>
<td>Subglottic or upper tracheal stenosis, laryngeal web, laryngeal and vallecular cysts, tracheo-oesophageal anomalies or haemangioma of the larynx.</td>
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<td>Infective</td>
<td>Acute epiglottitis, laryngotracheobronchitis, diphtheria or Ludwig’s angina.</td>
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<td>Malignancy</td>
<td>Advanced tumours of larynx, tongue, pharynx or upper trachea presenting with stridor.</td>
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<td>Trauma</td>
<td>Gunshot and knife wounds to the neck, inhalation of steam or smoke, swallowing of corrosive fluid.</td>
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<td>Vocal cord paralysis</td>
<td>Post-op complication of thyroidectomy, cardiac or oesophageal surgery, bulbar palsy.</td>
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<tr>
<td>Foreign body</td>
<td>Swallowed or inhaled object lodged in upper airway causing stridor.</td>
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