Case Report / Olgu Sunumu

Unusual foreign body in the larynx: a bee

Larenkste olağandışı yabancı cisim: Bir arı

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ABSTRACT

Foreign body lodgement in the larynx is a rare situation. Our review of the literature revealed no living foreign body in larynx except for laryngeal leeches and anisakiasis. In this article, we report a patient with unusual laryngeal foreign body lodgement: a bee which presented with sudden odynophagia and stinging sensation in throat. The bee was detected on the laryngeal mucosa in indirect laryngoscopic examination and removed immediately under general anesthesia in apneic period. In this case report, we describe the importance of detailed anamnesis and laryngeal examination even if the patient has no severe symptoms.

Keywords: Bee; laryngoscopy; larynx; living foreign body; odynophagia; stinging sensation.

ÖZ

Larenkste yabancı cisim yerleşimi nadir bir durumdur. Literatür incelememizde larenkste larengeal sülük ve anisakiasis dışında canlı yabancı cisim görülmedi. Bu yazıda, olağandışı larengeal yabancı cisim yerleşimi olan bir hasta sunuldu: boğazda ani odinofaji ve batma hissiyle ortaya çıkan bir arı. Arı indirekt larengoskopik muayenede larengeal mukozada tespit edildi ve apneik dönemde genel anestezi altında hemen çıkartıldı. Bu olgu sunumunda, hastada ciddi semptomlar olmasa bile ayrıntılı öykü ve larengeal muayenenin önemi açıklandı.

Anahtar Sözcükler: Arı; larengoskopi; larenks; canlı yabancı cisim; odinofaji; batma hissi.

Foreign bodies (FBs) in the respiratory tract usually occur in infants and children but are not common in adults.[1] Lodgement of FB in the larynx is very rare. It is a life-threatening emergency and requires urgent treatment.[2] Living FB lodgement in the larynx is even rarer and only few cases have been reported in the literature. Here we report a unique case of living FB lodgement: a bee that presents with sudden odynophagia and stinging sensation in the throat.

CASE REPORT

A 58-year-old woman admitted to the Emergency Department of Duzce University Hospital with stinging sensation in the throat and odynophagia. The symptoms suddenly occurred when she was eating watermelon. A bee was revealed on the laryngeal mucosa on indirect laryngoscopic examination (Figure 1a). The patient was immediately treated with intravenous methylprednisolone and pheniramine in order to

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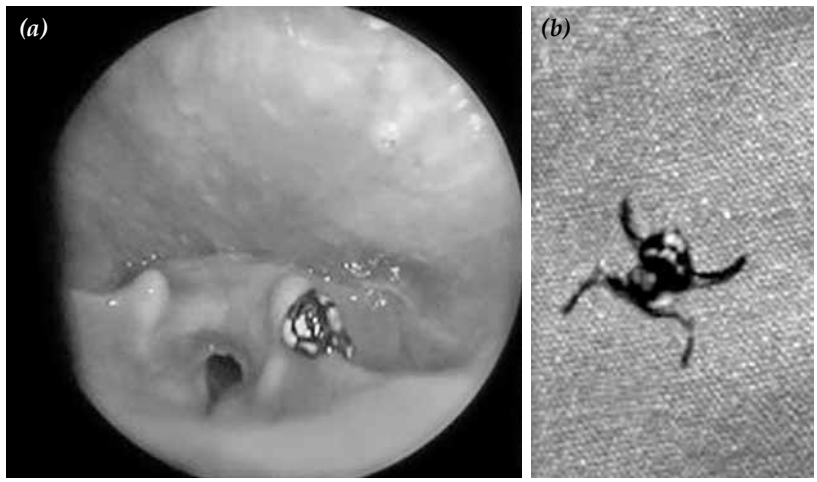

Figure 1. *Indirect laryngoscopic view:* ***(a)*** *A bee seen on the left arytenoid mucosa of the larynx,* ***(b)*** *upper part of the bee after removal from the larynx.*

avoid laryngeal edema. On direct laryngoscopy under general anesthesia the upper part of the bee was seen on the left arytenoid mucosa. The bee was removed with forceps (Figure 1b). The patient was discharged after 24 hours with no complications.

DISCUSSION

Foreign bodies of the respiratory tract are acute airway emergency situations that have high morbidity and mortality.[3] The prevalence of laryngeal FBs ranges from 2 to 5% in most series.[4] Generally, FBs at the supraglottic level are either coughed out or inhaled and patients present with respiratory difficulties such as stridor, dyspnea, cyanosis and coughing.[5] Laryngeal FBs may present with less severe respiratory symptoms compared with other respiratory tract FBs and may only present with complaints of hoarseness, stinging and FB sensation.[6]

Laryngeal FBs usually consist of metallic or organic materials such as bone, nuts, food parts.[7,8] Living FBs in the larynx are very rarely encountered. For instance, leeches and anisakiasis have been reported in the literature.[9,10] A detailed anamnesis and careful laryngoscopic examination must be performed in patients. Also chest, neck anteroposterior and lateral X-rays must taken which can detect radio-opaque FBs.[1,6]

While other FBs can be dislodged with a Heimlich maneuver or removed by forceps in emergency department, laryngeal FBs are almost always treated with surgery. Cricothyroidotomy and tracheostomy may be necessary to restore the upper airway. Most laryngeal FBs are safely removed with direct laryngoscopy under general anesthesia.[7]

This case study points out the importance of detailed anamnesis and clinical examination in patients with odynophagia and stinging sensation in throat. Laryngeal living FBs may have no severe symptoms earlier but laryngeal edema may develop rapidly in these patients due to stinging or biting of the laryngeal mucosa. Therefore, the patient must be treated immediately.

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