There would have been an inevitable delay before grouped blood arrived. The correction of hypovolaemia was paramount if this girl's chance of survival were to be maximised.

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Aspiration pneumonia in a mentally handicapped patient due to a foreign body impacted in the pharynx: a near fatal outcome

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Abstract

A case is reported of a mentally handicapped woman with dysphagia caused by a foreign body impacted in the pharynx. The case illustrates a potential pitfall in the management of patients who are unable to communicate either verbally or in writing and who present with acute dysphagia.

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Key terms: dysphagia; pharyngeal foreign body; mental handicap

We report a potential pitfall in the management of patients who are unable to communicate either verbally or in writing and who present with acute dysphagia.

Case report

An 18 year old mentally handicapped and epileptic female presented to the accident and emergency (A&E) department with a one day history of dysphagia. She was unable to communicate any of her symptoms. There was no drooling of saliva. Examination of her mouth and oropharynx did not reveal any foreign body. Indirect laryngoscopy was not possible and a lateral soft tissue neck x ray was considered to be normal. She was given a glass of water and took sips comfortably. She was then discharged home.

Two days later she became pyrexial with complete dysphagia, vomiting, and dyspnoea. She reattended the A&E department. Clinical examination and chest x ray were suggestive of pneumonia and she was admitted to the medical ward with a diagnosis of an aspiration pneumonia.

Despite intravenous antibiotics and oxygen, her condition deteriorated over the following 24 hours. An ENT opinion was requested. A fiberoptic nasoendoscope was not tolerated, but a repeat lateral soft tissue neck x ray showed a significant increase in the width of the prevertebral space. Under general anaesthesia, a piece of wooden jigsaw puzzle measuring 55 × 48 mm was removed from the hypopharynx.

The patient's condition improved on intravenous antibiotics and chest physiotherapy and she was discharged home one week later.

Discussion

In patients who are able to give a history and communicate symptoms, and who are able to cooperate with a full examination, the diagnosis of a foreign body impacted in the throat is seldom difficult. However, in patients unable to communicate and who present with dysphagia or aspiration, doctors working in A&E and ENT departments need to maintain a high index of suspicion of a possible foreign body impacted in the pharynx or upper oesophagus.¹⁻³

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