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Migrating foreign body into the common carotid artery

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CASE REPORT

A 52-year-old Chinese woman was referred to the emergency department with a history of foreign body ingestion while eating a squid earlier that afternoon. She felt that the foreign body had become stuck in her throat, and experienced great pain on swallowing on the right side of her neck. She attempted to swallow the foreign body by eating some rice but could not tolerate the pain. The examination of the head and neck was normal except for tenderness of the right neck with a positive tracheal rock. Nasal endoscopy revealed a normal anterior and posterior nasal space. There was a prominent bulge arising from the posterior pharyngeal wall at the junction of the nasopharynx and oropharynx. Plain lateral radiographs of the neck revealed a retropharyngeal swelling from the level of C2 to C7 vertebral body, as did a plain and enhanced CT (Fig 1). A vague radio-opaque foreign body was also noted at the level of C6 and C7 vertebral body (Fig 1). Plain and enhanced CT of the neck showed a retropharyngeal hematoma from C2 to C7 vertebral body. A radio-opaque foreign body was noted lying anterolaterally in the soft tissue on the right side of the neck with its tip within the right common carotid artery, associated with this is a contained hematoma around the common carotid artery.

An emergency exploration of the neck was performed through an incision in a skin crease made on the right side of the neck. After isolating the right sternomastoid muscle and retracting it laterally, the common carotid artery was identified. The common carotid artery was controlled above and below with vascular slings, at the level of the thyroid cartilage. The foreign body was palpated and felt at the level of the thyroid cartilage, it had punctured the artery posteromedially. Arterial clamps were used above and below the puncture, the 3-cm foreign body was removed, and the hematoma evacuated. The common carotid artery was repaired with 5/0 Ethilon, using continuous suturing.

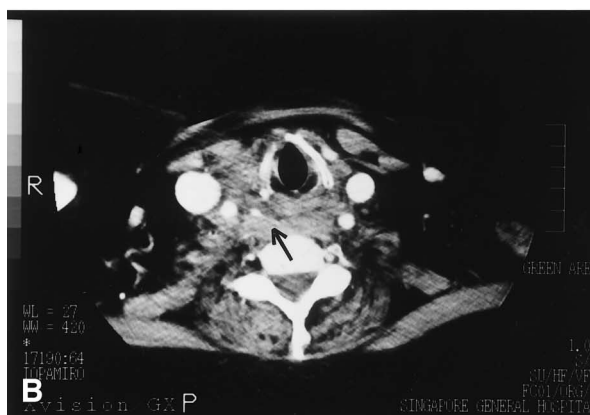


Fig 1. (A) Plain radiograph of the lateral neck showing swelling of the retropharyngeal space from C2 to C7 vertebral level. A radio-opaque foreign body is noted at the level of C6-C7 (arrow). (B) CT scan of the neck showing the linear foreign body in the soft tissue on the right side of the neck, with the tip in the common carotid artery (arrow), associated with a contained hematoma. A retropharyngeal hematoma is also noted.

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Rigid esophagoscopy revealed a small puncture wound in the right lateral wall of the esophagus at 14-cm mark from the incisors.

The patient had an uncomplicated postoperative course with no neurological deficits. She was discharged on the fifth postoperative day with no complications. She was last seen 2 weeks after the operation, and had no odynophagia, swallowing difficulties, or swelling of the neck.

DISCUSSION

Ingested foreign bodies are a fairly common otolaryngological emergencies encountered in Singapore. Most of these ingested foreign bodies are from fish, and 85% of these are impacted in the tonsils or base of tongue.¹ Other sites include the epiglottis, valleculae, pyriform sinus, larynx, and the esophagus. Linear foreign bodies tend to migrate, whereas nonlinear foreign bodies get impacted or lodged in the esophagus.² Some believe that movement of the neck muscles and viscera aid in their migration through the neck structures.^{3,4} In

this case, the patient tried to swallow the foreign body by ingesting some rice. Migration of foreign bodies can lead to complications such as perforation of the esophagus, retropharyngeal abscess, vascular complications, and death.

There has only been 1 reported case of a migrated foreign body through the carotid artery.⁵ We present this second case of a foreign body migration into the common carotid artery, and emphasize the need for a high index of suspicion and prompt medical attention to avoid the risk of massive hemorrhage.

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