

Research Article

BEYOND THE NOSE: A CLINICAL INSIGHT INTO NASOPHARYNGEAL FOREIGN BODY IMPACTION: A CASE REPORT

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ABSTRACT

Background: Foreign body lodgement in the maxillary sinus, nose and nasopharynx is a rare occurrence in mentally sound adults. We report the case of a patient who presented with a wooden stem impacted in the right maxillary sinus, nasal cavity and nasopharynx. The foreign body was successfully removed transorally with the aid of nasal endoscopy. This case highlights the significance of prompt recognition and the role of minimally invasive endoscopic techniques in effectively managing unusual nasal foreign bodies.

INTRODUCTION

The nasopharynx acts as a hidden site for foreign body entrapment in the nasal cavity is frequently observed in children but is rare in healthy adults. Foreign body in the nasopharynx is rare and can lead to complications if not diagnosed and treated promptly. Cases involving organic foreign bodies, such as wooden, are exceptionally uncommon and pose a unique challenge due to their slippery texture and risk of aspiration. This report describes an unusual case and outlines its successful management.

CASE PRESENTATION

A 29-year-old male patient presented to the outpatient department of ENT with complaints non healing wound over right infra orbital region, nasal discomfort, pricking sensation over right side of face, nasal blockage, foul smelling nasal discharge from nose.¹ The patient reported that the symptoms started after fall while being assaulted 8 months ago for which he visited local doctors

and was treated symptomatically. 3D CT Face was advised to look for any underlying pathology. 3D CT Face suggested tubular hyperdense structure in right infraorbital region and right maxillary region which was seen entering right nasal cavity through medial wall of maxillary sinus extending upto nasopharynx likely suggestive of retained foreign body.²

On examination of oropharynx and endoscopic examination of nose and nasopharynx a brownish, hard, non-mobile, foreign body was found in right nasal cavity extending from right maxillary sinus to nasopharynx obstructing both choanae.³

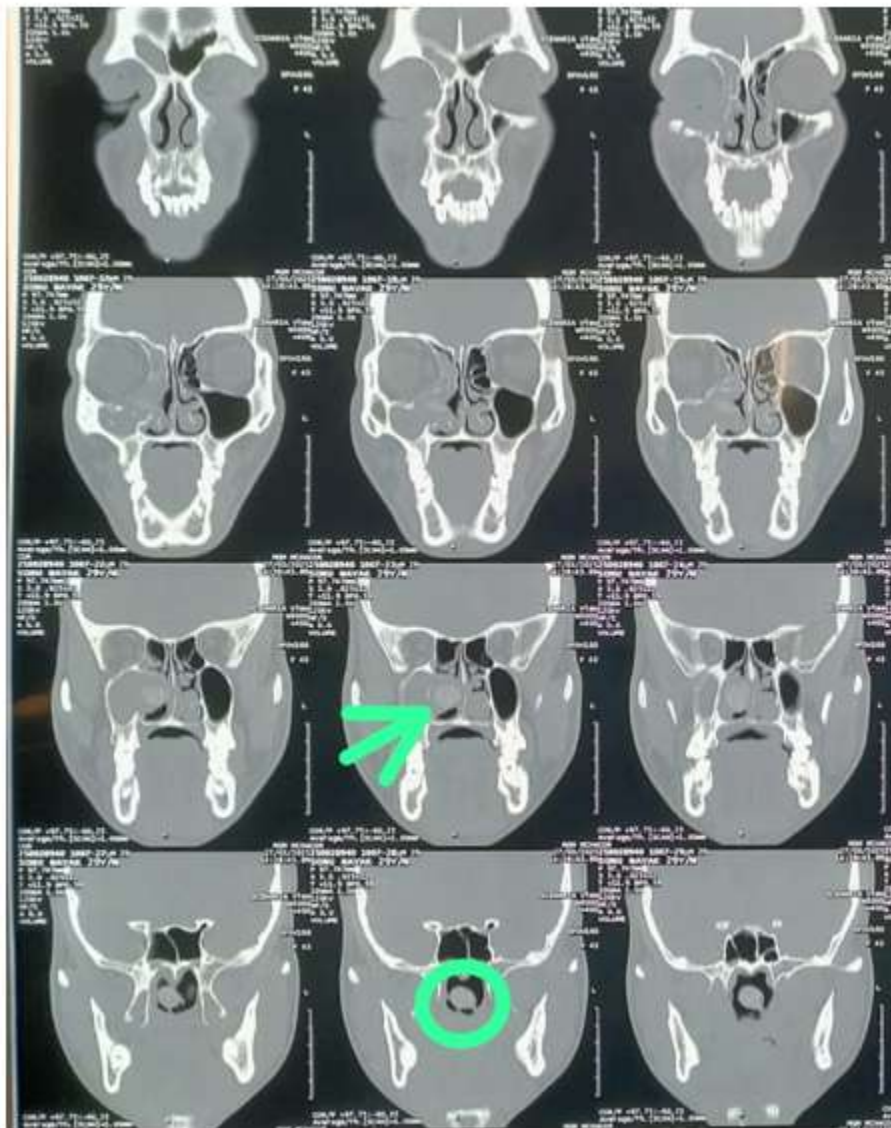


Figure 1: (arrow) CT Face image showing hyperdense tubular structure in right nasal cavity and right maxillary sinus
(circle)CT Face showing hypodense tubular structure in nasopharynx



Figure 2: Endoscopic picture of foreign body in right nasal cavity



Figure 3: Endoscopic picture of foreign body in nasopharynx

Management

The patient was stable with no signs of respiratory distress.

Right uncinectomy was done to widen the right maxillary sinus ostium. Foreign body was loosened from the maxillary ostium and removed trans orally using forceps under nasal endoscopic guidance. A wooden stem approximately 8cm in length was removed. Right sided Caldwell luc's incision was taken and maxillary sinus was opened to look for any remnant or retained foreign body. The procedure was completed successfully in the operation theatre without complications. The patient was put on antibiotics along with nasal cleaning with isotonic normal saline. The patient was monitored briefly and discharged with instructions for follow-up. No post-procedure complications, such as nasal bleeding or aspiration, were noted.



Figure 4: Caldwell luc's approach

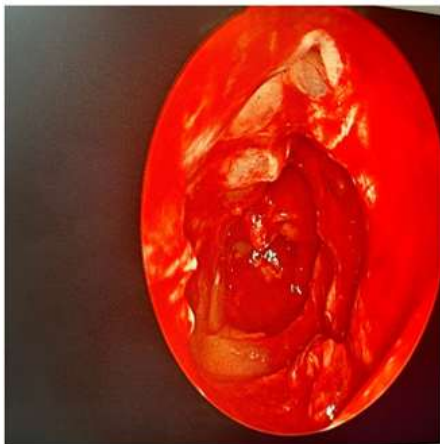


Figure 5: No remnant foreign body visualised



Figure 6: Wooden stem after removal

DISCUSSION

Unusual nasal foreign bodies in adults are rare and typically linked to specific circumstances such as trauma, intoxication, or accidental insertion. Organic foreign bodies carry a heightened risk of inflammation, infection, and aspiration if not promptly managed. In this case, endoscopic-assisted transoral removal proved to be a safe and effective intervention.

CONCLUSION

This case underscores the importance of a structured approach to the diagnosis and management of rare nasal foreign bodies. Endoscopic intervention offers a minimally invasive, safe, and effective method for their removal, ensuring better patient outcomes and reduced complications.

REFERENCES

1. Jotdar A, Dutta M, Kundu S. Nasopharynx- The Secret Vault for Lost Foreign Bodies of the Upper Aerodigestive Tract. *Iran J Otorhinolaryngol*. 2016 Nov;28(89):431-433. PMID: 28008395; PMCID: PMC5168576.
2. Alshehri WM, Al-Qahtani B. A Rare Incidental Finding of a Foreign Body in the Nasopharynx during Adenotonsillectomy. *Case Rep Otolaryngol*. 2018 Mar 28;2018:8361806. doi: 10.1155/2018/8361806. PMID: 29796331; PMCID: PMC5896208.
3. Mudunuri RK, Gannavarapu DP, Mukkamala AN, K M J. Unusual foreign body in nose and nasopharynx - a rare case. *J Clin Diagn Res*. 2015 Apr;9(4):MD01-2. doi: 10.7860/JCDR/2015/12115.5784. Epub 2015 Apr 1. PMID: 26023574; PMCID: PMC4437088.