

# Nasal Foreign Bodies

Tip: ALWAYS check both nares and both ears

- Symptoms: pain, unilateral malodorous discharge
- Consider XR if good history for but cannot visualize, or if suspect disc battery
- Helpful: phenylephrine nasal spray, nebulized lidocaine, bright light, nasal speculum
- After removal, if was in for several days or there is mucosal edema, Rx antibiotic prophylaxis for sinusitis
- If unable to remove
  - To ED now for magnets across septum, disc battery
  - Else follow-up soon with ENT

Method	FB type best for	Location best for	Degree of obstruction
Forceps ( <a href="#">lighted</a> )	Soft	Anterior	Incomplete
<a href="#">Right angle hook</a>	Hard	Anterior	Incomplete
<a href="#">Positive pressure</a> (aka Big Kiss)	Any	Ant/Post	Complete
<a href="#">Catheter</a> (Katz extractor, Fogarty catheter)	Any	Ant/Post	Incomplete
Washout	Friable (NOT batteries, beans, vegetable matter)	Ant/Post	Complete
Magnet ( <a href="#">auto store pick-up tool</a> )	Metallic/magnet	Anterior	Complete or incomplete
<a href="#">Suction</a> (Frazier, Schuknecht)	Any	Anterior	Incomplete
<a href="#">Plastic swab + cyanoacrylate</a>	Hard bead	Ant/Post	Complete, not wedged

# Ear Foreign Bodies

Tip: ALWAYS check both nares and both ears

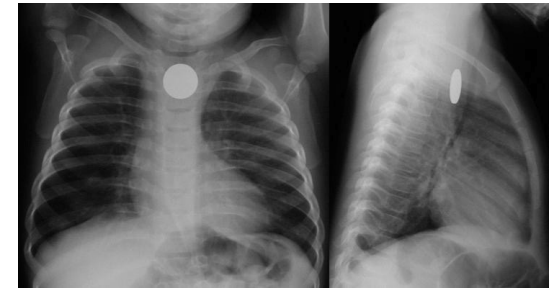
- Symptoms: pain, occ ↓ hearing
- Refer to ENT if:
  - Already multiple failed attempts
  - FB up against tympanic membrane
  - Unable to remove all parts of an insect
- Helpful: bright light ([laryngoscope](#), headlamp)
- To instill:
  - Microscope or mineral oil or viscous lidocaine to kill live insects
  - Acetone can soften gum and dissolve Styrofoam peanuts
- After removal, Rx antibiotic +/- steroid drops if traumatized canal

Method	FB type best for	Location best for	Degree of obstruction
<a href="#">Forceps, Lasso*</a>	Soft	Anterior	Incomplete
Right angle hook or curette ( <a href="#">lighted</a> )	Hard	Anterior	Incomplete
<a href="#">Oil or lidocaine</a>	Live insect	Ant/Post	N/A
<a href="#">Irrigate</a>	Friable, NOT vegetable, bean, disc battery	Ant/Post	Incomplete
<a href="#">Magnet</a>	Metallic/magnet	Ant/Post	Complete or incomplete
<a href="#">Suction</a>	Any	Anterior	Incomplete
<a href="#">Plastic swab + cyanoacrylate</a>	Hard bead	Ant/Post	Complete but not wedged

[DFTB Video Overview](#)

\*Lasso made by looping suture through the loop at the end of an ear curette

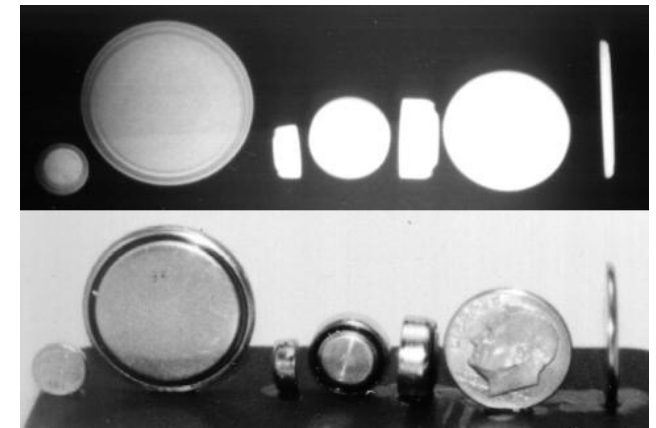
# Swallowed Foreign Bodies



- Common: coins, fish/chicken bones, metallic objects (screws, needles, safety pins, tacks), disc batteries
  - Up to 2/3 of swallowed FB are radio-opaque
- Symptoms: pain, dysphagia, drooling, symptoms when try to eat, vomiting or retching
  - About 25% of upper esophagus FB are asymptomatic
  - Esophageal (vs. tracheal) coin classically circle on AP view, sideways on lateral view x-ray
- Esophageal: refer to ED / consult GI for removal
- Consult GI even if past esophagus if: sharp, disc battery, magnet(s), leaded, patient with fever, abdominal pain, or vomiting
  - [Disc battery management guidelines](#)
- Else, discharge home to observe for passage
  - Parent observes child's stool
  - Return if not passed in 2 weeks or if symptoms develop

	Selected United States Coin Dimensions and Weights						
Width	17.9mm (0.7 in.)	19.5mm (0.75 in.)	21.21mm (0.835 in.)	24.26mm (0.955 in.)	26.49mm (1.043 in.)	30.61mm (1.205 in.)	38.1mm (1.5 in.)
Weight	2.27g	2.5g	5.0g	5.67g	8.1g	11.34g	22.68g
Thickness (edge)	1.35mm	1.55mm	1.95mm	1.75mm	2.0mm	2.15mm	2.58mm

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Disc batteries have a “double density” appearance on x-ray