

FOREIGN BODIES IN THE NASOPHARYNX, EAR, OROPHARYNX

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Abstract. Sometimes the presence of foreign bodies in the lumen of the nasal cavity or external auditory canal is almost asymptomatic, while foreign bodies of the esophagus, larynx, trachea and bronchi are often accompanied by the development of dramatic clinical situations.

According to statistics, 80% of cases of penetration of foreign bodies of ENT organs occur in children. The younger the child, the more severe and dangerous the penetration of foreign bodies.

Keywords: Foreign bodies in the ear, Foreign bodies in the throat, Foreign bodies in the throat

ИНОРОДНЫЕ ТЕЛА В НОСОГЛОТКЕ, УХЕ, РОТОГЛОТКЕ

Аннотация. Иногда наличие инородных тел в просвете полости носа или наружного слухового прохода протекает практически бессимптомно, тогда как инородные тела пищевода, гортани, трахеи и бронхов часто сопровождаются развитием драматических клинических ситуаций. По статистике, 80% случаев проникновения инородных тел ЛОР-органов приходится на детей. Чем младше ребенок, тем тяжелее и опаснее проникновение инородных тел.

Ключевые слова: Инородные тела в ухе, Инородные тела в горле, Инородные тела в горле.

Foreign body diagnostics

In the case of a child, it can be difficult to immediately establish the correct diagnosis, because the child himself cannot always tell what happened, and the parents may not have seen what happened. The symptoms of the disease are not specific.

The doctor uses a patient survey, examination of the cavity. Sometimes, in order to determine the nature of the object, if this cannot be done visually, it is necessary to resort to other methods.

In the pharynx, a stuck body can be detected by palpation.

In the larynx, laryngoscopy or hypopharyngoscopy can be used.

A metal object can be detected using an X-ray.

It is extremely important to accurately determine the shape and nature of the object in order to choose the right extraction method.

Is it hard or soft, does it have sharp edges, does it completely block the passage. The doctor must understand whether the object swells when wet. In the case of the ear canal - whether the patient has a perforation of the ear canal, and so on.

Foreign bodies in the ear

In addition to foreign objects, in this case, insects are often encountered as a foreign body in the ear. In adults, various objects or fragments of them can get into the ear as a result of injury.

Removing the body from the external auditory canal is usually not difficult for a qualified specialist who is well acquainted with the anatomy of the organ and its features. An ENT doctor can do this in several ways:

Using rinsing. A stream of warm water under pressure released from a syringe is used. The body, swelling in water, is pre-treated with an alcohol-containing solution, which makes it wrinkle

Rinsing with oil is justified if an insect is stuck in the ear or some objects slip out more easily with the help of oil.

If rinsing is contraindicated, a hook is used. It can be blunt or sharp.

The doctor decides which type of extraction to choose.

Foreign bodies of the nose

Most patients diagnosed with a foreign body in the nose are children. A foreign object causes difficulty breathing. If a lot of time has passed, foul-smelling discharge appears.

The object is usually removed by a doctor on an outpatient basis using:

special instruments

or vasoconstrictor drops.

Sometimes it is enough to simply blow your nose correctly under the supervision of a doctor.

Foreign bodies in the throat

The diagnosis of foreign bodies in the larynx or pharynx is most often made as a result of bones or other food getting stuck. People with an incomplete set of teeth or with dentures are especially susceptible to such trouble. It is more difficult for them to control the chewing process.

The reason for getting stuck may also be haste in eating or the habit of holding something in the mouth while working.

In this case, a foreign body can get stuck:

in the nasopharynx,

in the oropharynx,

in the larynx.

Since this can create breathing difficulties, the situation is potentially dangerous and requires the prompt intervention of a specialist. In this case, self-medication is strictly contraindicated, as it can lead to irreversible consequences.

The patient experiences acute stabbing and cutting pain in the larynx. The person has a particularly hard time swallowing. Due to the fact that the object injures the mucous membrane, the pain may persist for some time after extraction.

In this case, it is extremely important to see the object being extracted. Pushing it in or removing it "by touch" is strictly contraindicated.

Tweezers are used for manipulation in the oropharynx area;

In the larynx area, special laryngeal forceps and a mirror are used under anesthesia.

Competent extraction of a foreign body by a qualified specialist is guaranteed to help avoid complications, infection and diseases of the ENT organs.

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