

Unusual foreign body in the soft palate

Sir,

I would like to report a patient with an unusual airway foreign body that I recently encountered. A 38-year-old male, intoxicated with alcohol, presented to the accident and emergency department with a 30 cm-long barbecue skewer sticking out of his mouth. The sharp pointed end of the skewer was sticking out of his mouth and the curved end was inside the mouth. There were pieces of meat still attached to the skewer.

The patient showed no signs of respiratory distress or airway compromise. His respiratory rate was 18 breaths/minute, oxygen saturation

100%, pulse rate 83 beats/minute and blood pressure 125/55 mmHg. On examination of the mouth with the aid of a tongue depressor, the curved end of the skewer could be seen hooked to the uvula and periuvular region.

There was no ear nose and throat help available at the hospital and I was asked to help as an anaesthetist to manage the airway and the removal of the foreign body. As the patient was not distressed and co-operative, we decided to try and remove the skewer under local anaesthesia. I sprayed the uvula and adjacent areas with 4 metred sprays of 10% Xylocaine. The periuvular area was infiltrated with 2 ml of 1% Xylocaine. The skewer was gently pulled out along the curvature and it came out easily. There was minimal bleeding. The patient declined to stay in for observation and discharged himself, against medical advice, with his trophy skewer. Unfortunately we did

not have a camera to take a picture before the foreign body was extracted, and the fact the patient discharged himself against medical advice did not help our cause.

Fortunately, this case was easily resolved; however, management could have been extremely challenging had there had been significant airway compromise, if the skewer had been more firmly stuck, or if the patient was unco-operative, especially if general anaesthesia had been necessary. I would like to know if any readers have encountered a similar problem and how they managed it, and also if any readers have suggestions for the management of anaesthesia in such a case.

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