

# An unusual foreign body in the laryngeal trachea following supracricoid partial laryngectomy

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A 67-year-old man presented to the outpatient department with progressive dyspnoea. He had undergone supracricoid partial laryngectomy 2 months earlier. Laryngoscopy showed a proliferation of granulation tissue in the anastomosis. A white 'neoplasm' was found located between the granulation and the stoma, that could not be removed via the laryngoscope because it was closely adherent to the mucosa (**Figure 1**). Computed tomography scan indicated a high-density material close to the anterior wall of the cricoid cartilage (**Figure 2**). Under general anaesthesia, the neoplasm was taken out by bronchoscope, and found to be a piece of pork rib. He recalled a history of choking and coughing when drinking soup 1 month earlier. On the second day, he was discharged home breathing smoothly, waiting for decannulation.

Aspiration is a common complication of partial laryngectomy (Benito et al, 2011; Chorney et al, 2018). For patients with progressive dyspnoea, the possibility of aspiration of foreign bodies should be considered alongside tumour recurrence.

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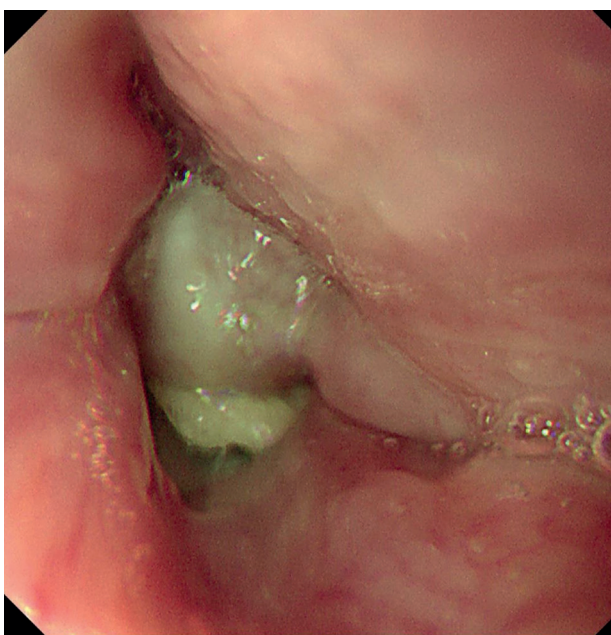
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**Figure 1.** Laryngoscopy showed a white 'neoplasm' located between the granulation and the stoma.



**Figure 2.** Computed tomography scan indicated a high-density material close to the anterior wall of the cricoid cartilage