Leaving more than just a bad aftertaste: An unusual case report of a fish bone embedded in the tongue

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Abstract
Foreign bodies of the upper aerodigestive tract are frequently encountered by otolaryngorhinologists. We are reporting a rare case of fish bone embedded in the oral tongue. In this case, the foreign body was missed on routine examination for over 2 months. The fish bone was eventually detected by a simple skull radiograph with a protruding tongue. It was surgically removed under local anesthesia and the patient is currently on follow up and asymptomatic.

Keywords: Foreign body tongue, Radiograph tongue.

Introduction
A plethora of foreign bodies in the upper aerodigestive tracts are frequently seen by general practitioners and ENT specialists. Fish bones are common foreign bodies found piercing the pharyngeal and oral mucosa. Most foreign particles, including fish bones, in the mobile part of tongue lodge superficially and are usually removed by the patients themselves. Deeply located foreign bodies of the tongue are quite rare and may even mimic malignancy.[1-4] In a case series by Knight and Lesser, around 93 % of the foreign bodies were in the oropharynx, and only the remaining 7% in the rest of aerodigestive tract.[5] We are reporting a rare case of a fish bone embedded in the oral tongue, which was detected using minimal investigations and managed appropriately.

Case Report
A 40 year old male patient presented to us with a history of pain and pricking sensation over the dorsum of anterior 2/3rd tongue since 2 months. The patient had consulted a few physicians and ENT specialists previously with the aforementioned complaints, but no conclusive diagnosis was made. On examination, there was minimal induration over the dorsum of the tongue near the right lateral border of the tongue. There was no evidence of erythema, swelling, abrasions, ulcers or any restriction of tongue mobility. There was no history of any chronic addictions. On careful and detailed history taking, the patient elicited a history of fish ingestion following which the symptoms had appeared and had minimally worsened over time. A skull radiograph was taken with the tongue protruding outside which revealed a radio-opaque shadow in the anterior portion of the tongue. (Fig. 1).

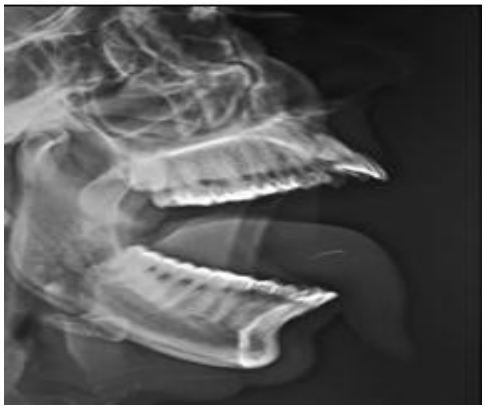

Fig. 1: skull radiograph with protruding tongue showing the radio-opaque shadow.

The patient was posted for surgical removal under local anesthesia. The foreign body was located and removed by an incision over the right lateral border of the tongue. Primary closure of the incision was done.(Fig. 3) The foreign body was identified as a 2.5 cm long fish bone.(Fig. 2) The patient was asymptomatic post operatively and is on follow up.

Fig. 2: 2.5 cm fish bone.

Fig. 3: post foreign body removal closure.

Discussion

Foreign bodies of the upper aerodigestive tract are frequently encountered by otolaryngorhinologists. Usually these foreign bodies can be safely removed, but prompt treatment is essential. Ingested fish bones should be removed as soon as possible, because of their linear and sharp contour and tendency to migrate and cause complications, especially from the mobile tongue [2.6]. Rarely, a fish bone embedded in the tongue may even mimic a malignancy. A high index of suspicion, positive patient history and clinical examination are important for diagnosis. Radiography plays an important role in detecting the same. Occasionally, X-rays may not pick up a poorly radio-opaque foreign body and other radiological investigations may be warranted. In our case, a routine skull radiograph with the tongue protruding, helped us to locate the fish bone and no higher radiological investigations were needed. Once detected, most foreign bodies can easily be removed using appropriate surgical methods.

Thus, foreign bodies should be kept in mind for the differential diagnosis of mass lesions or unusual presentations in the upper aerodigestive tract. Early detection and prompt surgical intervention can avoid potentially life threatening sequelae.

Conflict of Interest: None.

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