Neglected Foreign Body in Retropharyngeal Space presenting with Infected Pharyngocutaneous Sinus

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ABSTRACT

We present an unusual case of a foreign body, a hard wooden piece measuring 4 cm, in the retropharyngeal space. The patient presented with discharging sinus just below the angle of mandible left side. Contrast-enhanced computed tomography (CT) scan helped to make the diagnosis. Neck exploration was done under general anesthesia and sinus tract was seen in the parapharyngeal space. The tract was passing between the carotid artery and the internal jugular vein and going to the retropharyngeal space. The wooden piece was removed from the sinus tract and the tract was dissected out. The neurovascular structure was intact.

We highlight the importance of contrast-enhanced CT scan and three-dimensional (3D) CT images for preoperative evaluation of the locational relationship between the foreign body and great vessels in the neck region. The external approach is more convenient because it provides adequate exposure of neurovascular structure in the neck.

Keywords: Parapharyngeal space, Pharyngocutaneous sinus, Retropharyngeal space.


INTRODUCTION

A foreign body in the retropharyngeal space from the neck is an uncommon presentation. Although the parapharyngeal space is an infrequent area for foreign bodies to lodge,1 the presence of trauma or inflammation near or within the space is dangerous because of its anatomical proximity to the bifurcation of the maxillary artery, carotid artery, and jugular vein.2 Many cases of peroral ingestion of a foreign body and lodging in parapharyngeal and retropharyngeal spaces are reported in the literature.1-3 Acute neck swelling especially in children could be associated with foreign body in neck spaces.2,4

Infected cutaneous sinus with the history of trauma is a common presentation in parapharyngeal foreign body.5 Blast injury and fall from height are the modes of injuries where foreign body can be lodged in the parapharyngeal region. Computed tomography (CT) scan is a very important diagnostic tool in detecting parapharyngeal and retropharyngeal abscesses, but its reliability in detecting wooden foreign body is low.1,4

We present a case of a foreign body in the retropharyngeal space with infected pharyngocutaneous sinus in a 25-year-old adult male.

CASE REPORT

A 25-year-old male came to the outpatient department, at Dr. Susheela Tiwari Hospital, Government Medical College, Haldwani, in the state of Uttarakhand. The patient presented with an infected wound in the left side of the neck just below the angle of mandible (Fig. 1). He had a history of recurrent pus discharge from the wound for the last 2 years. There was a past history of fall from height in a jungle 2 years back, where he had sustained injury in the neck region. The patient was examined by a local doctor and the wound was healed. But the patient started having pus discharge from the site 1 month after the injury, and he had a history of recurrent discharge despite medical treatment for the last 2 years.

On examination, there was a sinus filled with pus located just below the angle of mandible on the left side. There were indurations all around the sinus, and

Fig. 1: Infected wound below left angle of mandible
tenderness was present. On peroral examination, there was a slight bulge over the retropharyngeal area more on the left side. Indirect laryngoscopy was normal.

Contrast-enhanced CT scan was done, and it was found that a foreign body was present in the retropharyngeal space and some part of it was in the left parapharyngeal space. There were inflammatory changes in both spaces.

After the routine blood investigations, the patient was planned for exploration under general anesthesia. Indurated skin was excised and vertical incision was extended below. The sinus tract was explored, and a very unusual course of tract was found. The sinus tract was passing between the carotid artery and the internal jugular vein just at the level of bifurcation of carotid artery. About 4 cm of the sinus tract was explored in the parapharyngeal space and then the lateral edge of the wooden piece was seen, which was going into the retropharyngeal space. The foreign body was removed and the sinus tract was excised (Fig. 2). The wound was washed with betadine and closed in three layers. No neurovascular complication was seen intraoperatively and in the postoperative period. The patient was discharged on the 7th postoperative day and had uneventful recovery during the hospital stay.

DISCUSSION

Parapharyngeal injuries are life-threatening conditions mainly seen in road traffic accidents, blast injury, and fall from height. Parapharyngeal foreign bodies are very dangerous due to neurovascular injuries including carotid artery and vagus nerve.2 Complications can include parapharyngeal abscess, carotid artery thrombosis, neurological deficit, retropharyngeal abscess, and mediastinitis.2 Neglected cases of foreign bodies in the parapharyngeal space can present with swelling neck, discharging pharyngocutaneous sinus.5 Foreign bodies in the retropharyngeal space commonly present with dysphagia. X-ray of soft tissue neck lateral view can be the initial radiological investigation to rule out foreign body, but contrast-enhanced CT scan is a very useful tool to rule out parapharyngeal and retropharyngeal abscesses along with the foreign body. Since a wooden foreign body can be missed on CT scan, magnetic resonance imaging is the best in suspected cases.

REFERENCES