WOODEN FOREIGN BODY IN BUCCAL MUCOSA OF A 5yr OLD CHILD: A RARE CASE REPORT

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ABSTRACT

A sharp wooden piece was retrieved from the left buccal mucosa of a 5 yr old child after 2 months of unreported and long forgotten injury. The case presented here underlines the importance of thorough history taking and consideration of presence of foreign body in cases of long standing infections, especially in paediatric age group.

Key Words: Wooden foreign body, Paediatric patient

INTRODUCTION:

Paediatric age group patients are quite prone to develop infections due to embedded foreign bodies in different parts of body. This is more common in low socio-economic strata of society. Foreign bodies may not be suspected clinically due to inability of patient or parent to report or recall injury leading to a delay in diagnosis\(^1\). Occasionally, foreign bodies may be retained for some time causing persistent and distressing symptoms\(^2\). Whilst some foreign bodies may be left in situ for good clinical reasons\(^3\), most are removed prior to the onset of complications, notably infection. Novel approaches to foreign body removal have been reported\(^4\).

CASE REPORT

A 5 year old male Hindu patient reported to the Dept. of Oral & Maxillofacial Surgery with chief complaint of swelling on left side of face since last 2 months. According to the parents the patient was apparently well some 2 months ago when he started developing pain in the left cheek region. The pain was dull, intermittent and localized. Soon the patient developed swelling in the same region which was small initially and gradually increased in size to present level. The patient consulted a local practitioner around a month ago who prescribed him some medications, which the parents report of administering off and on to the patient. The parents also give a positive history of fever off and on, loss of appetite and malaise. Interestingly history of trauma was absent. The patient was not a known case of DM/ Hypertension/ Asthma/ Epilepsy.

On extra-oral examination, a 4x5 cm, single, well defined, tender, oval, soft swelling was present extending antero-posteriorly 2cm from corner of mouth to posterior border of ramus and supero-inferiorly 2cm below infraorbital margin to lower border of mandible with normal overlying skin. On palpation left side submandibular lymphnodes were found to be enlarged and tender.

On intra oral examination, a 0.5cm diameter draining sinus was present in left side of buccal vestibule distal to 75. [Figure 1] The area with respect to 74, 75 was tender on palpation.

Based on Examination, PA mandible open mouth was taken, which could not detect any pathology at the left mandibular region, so USG of left mandibular region was performed which revealed well defined echogenic foreign body of size 4x3 cm in facio-muscular plane with surrounding inflammatory changes. (Figure 2)

After obtaining USG report, patient's history was reaffirmed. On inquiring, parents recollected that, while playing with bamboo sticks, the patient had fallen down some 2 months back. There was slight bleeding at that time per orally but no other symptoms followed for few days.

Based on radiographic investigation, surgical exploration of soft tissue with removal of foreign body was planned under local anaesthesia.

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OPERATIVE PROCEDURE
Surgical exploration was done by transgingival incision on external oblique ridge under local anaesthesia on left side of mandible. Blunt dissection was done, wooden piece was removed and curettage was done. (Figure 3) Bone resorption was seen on outer buccal cortical plate on left mandibular posterior region. Sutures were taken, and oral medications were prescribed. And regular follow up was done.

REFERENCES

DISCUSSION
Head and neck infections are common. A spectrum of disease behaviour exists between a spreading cellulitis process and a purulent abscess formation. Foreign bodies are usually readily diagnosed as there is often a supportive history and corresponding clinical signs. However, their presence may not be considered if they do not show up on radiographs. In this case, the history offered absolutely no suggestion of a foreign body. Clinically, the patient appeared to have an infected swelling, so further imaging was indicated preoperatively and USG of left mandibular region was carried out.

This was an unusual case. Firstly, there was absolutely no recollection of a wooden piece or similar things being penetrated and secondly, there was no extraoral wound suggesting a penetrating injury. The foreign body had passed into the masseter and buccinator muscle via the oral route.

Clinical surgery is reliant on thorough history taking and careful examination and special investigation. However, despite these, surprises can still occur and a surgeon has to be prepared for the unexpected.