based on radiography alone.[30] The presentation of difficulty in breathing and history was key to rushing the cases who ingested and aspirated a metal zipper to theatre in addition to radiologic findings [Tables 3 and 4].

Due to the difficulty in visualizing pharyngeal Fbs without the use of flexible or rigid endoscopy, early consultation is advisable.[23] Furthermore; removal attempts are often difficult and are complicated by the gag reflex. In order to protect the airways, most Fbs in the throat, therefore, require otolaryngology intervention with sedation and endoscopic removal.[25,31] Complications may include airway obstruction, laryngeal edema, and pushing the foreign body into the subglottic space, esophagus, or trachea.[25,31]

In our environment, patients can present quite late postforeign body insertion [Figure 1], making removal more cumbersome and even complication prone. The overall incidence of complications in this study (51/594 8.6%) had a strong correlation with the duration of lodgement of Fbs prior to presentation ($R = 0.9359$; $R^2 = 8759$) [Figure 2]. This is very likely due to migration (self or induced) of such lodged Fbs when left for a longer period. Peristalsis waves and attempts by patient at dislodging the Fb as an inherent defense mechanism for Fbs within the air and food passages readily occurs. Patients sometimes ingest abnormally large "food bolus" in an attempt at dislodging such throat Fbs like fish bones. This is most often counterproductive and can lead to laceration and perforation injuries of viscus. Foreign body reactions, inflammatory responses and infections; often results in prolonged Fb lodgements within ears and nose. Again, the complications seen in our series among early presentations were basically those cases that had previous failed removal attempts carried out by nonspecialists prior to referral. This highlights the need to rapidly engage skilled and experienced specialists in the ENT clinic for timely management.

The retrospective nature of this study limits the data analyzed to that recorded in the case notes.[4,10,32] Patients were unavailable for follow-up after removal of the Fbs, so assessments after the acute phase could, therefore, not be carried out in those who may have required it. Another limitation was the lack of access to data from peripheral hospitals on the failure and complication rates in their management of Fbs.

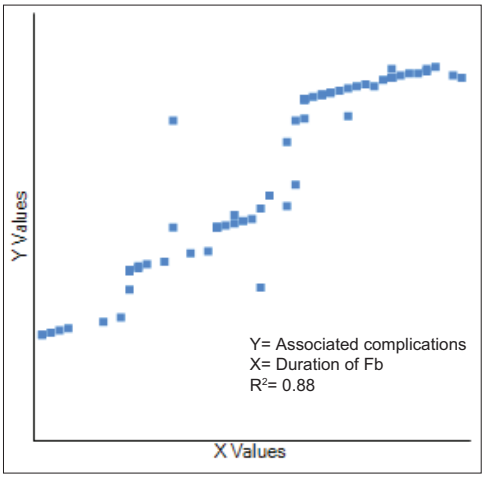

Figure 2: The higher resolution version illustrates a strong correlation between the associated complications of foreign body insertion and the duration before intervention

Conclusion

Foreign bodies in ENT are common especially among children below 5 years. Majority of Fbs presented beyond 24 h and there was a strong correlation between duration of foreign body insertion and associated complications. Repeated failed attempts and delayed referrals to otorhinolaryngologists from peripheral centers were also contributing factors to increased morbidity and hence the need for awareness.

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