

Marble in the Nasopharynx

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A variety of foreign bodies have been reported in the aerodigestive tract of children(1). The common sites include esophagus, larynx, pharynx and tracheobronchial tree. However, it is rather uncommon to find a foreign body in the nasopharynx.

Case Report

A 10-year-old male child, while playing marbles with his mates, put one of these in his mouth. One of the children pushed him from behind suddenly. The child swallowed the marble and developed difficulty in breathing and swallowing. However, there was no change in the voice. The father of the child put him upside down and pushed the chest of the child in an attempt to remove the foreign body. There was a mild bout of cough. The difficulty in breathing was relieved; however, the foreign body did not come out of the mouth. Although, the patient was symptomless, the frightened

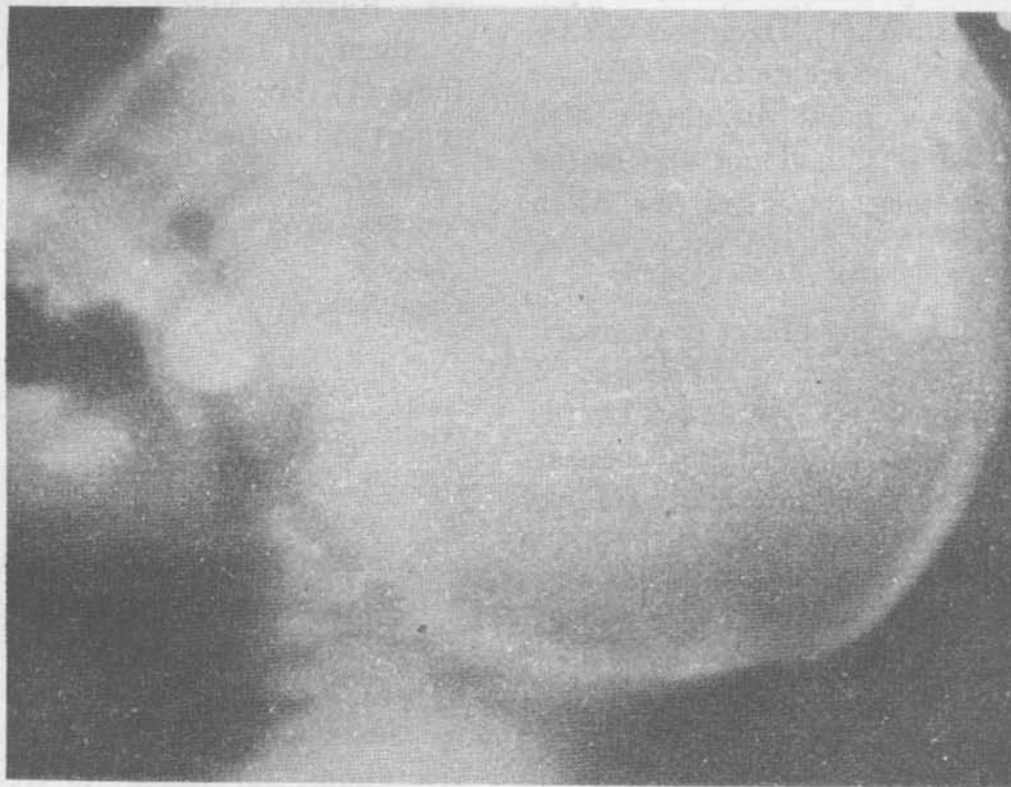


Fig. 1. X-ray nasopharynx (lateral view) showing marble in nasopharynx.

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parents brought the child to the hospital. Examination revealed an apparently healthy child without any signs and symptoms pertaining to foreign body in the aerodigestive tract. X-ray chest was normal; however, the soft issue neck X-ray including nasopharynx revealed the radio-

opaque foreign body (marble) in nasopharynx (Fig. 1). Since the child was very apprehensive, the marble was removed under general anesthesia by retraction of soft palate.

Discussion

Foreign bodies in nasopharynx especially of this size are unusual. Common route of entry is either during emesis when some food particles can go in nasopharynx or foreign bodies in nose may be pushed into nasopharynx during their removal or when there is palatal paresis(2). Symptoms vary from sensation of lodged foreign body to a nasal discharge which may become purulent in later stages(1). Diagnosis is confirmed by X-rays and treatment is removal under local or general anesthesia with precaution that it should not slip in the airways by keeping the head low as in tonsillectomy.

Marble being a big object in comparison with the small size of esophagus of child, it may push the trachea forwards leading on to respiratory distress(3). However, it is unlikely to go in the airways due to its comparatively large size.

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Melioidosis in India

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Melioidosis is a rare disease due to the Gram-negative bacillus, *Pseudomonas pseudomallei*. Though endemic in the neighbouring South-East Asian countries, viz., Burma, Malaysia, Singapore, and Vietnam, it has rarely been reported in India (1). The purpose of this article is to report the second case of melioidosis from India and to highlight the clinical presentation and investigations of this rare disease.

Case Report

A 10-year-old boy was brought to us in August, 1988 for fever since 6 days and painful joint swellings since 2 days. He was a resident of Palavni village, Dapoli Taluka, Maharashtra, and had never travelled abroad. His parents were farmers, cultivating paddy. Fifteen days prior to the illness, he had fallen into an open and abandoned well, and sustained minor abrasions and lacerations, for which no treatment was

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