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REVIEW ARTICLE

How to extract Foreign Bodies in the absence of suitable Instruments. Mozambican Experience

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ABSTRACT:

Foreign bodies are very common in poor countries and the lack of proper instruments for their extraction can lead to complications. The idea of this work is to share the Mozambican experience in the extraction of foreign bodies from the pharynx, nasal cavities and external auditory canal. The esophageal and airway bodies require a special equipment. We can't adapt.

KEYWORDS: Foreign Body, ENT. Mozambique.

INTRODUCTION:

Accidents with foreign bodies are a very frequent occurrence in otorhinolaryngology consultations and in emergency services. The extraction of these foreign bodies requires special instruments. The extraction attempt can lead to complications. In a study carried out in Maputo, it was found that most complications resulted from the attempt to self-extract (50.67%) and attempts made by non-specialized personnel (38.67%)¹.

Many extraction attempts are the result of lack of knowledge, skills and specialized material.

In health facilities it is easier to find dressing instruments than ENT instruments. The use of these instruments can help the extraction of foreign bodies.

The aim of this work is to share our experience in the use of adapted material for extraction of foreign bodies in places without adequate instruments.

Some foreign bodies in the ear, such as seeds or beads, can be removed by washing the ears, but others, such as cotton or pieces of paper, require specialized forceps. Nasal foreign bodies require special forceps. For foreign bodies of the pharynx, specific forceps must be used.

Our perception shows that foreign bodies are more frequent in poor populations and uncommon in private clinics. These people look for state health facilities.

DISCUSSION:

In the absence of specialized material, hemostatic forceps (mosquito) can be used to extract the foreign body from the ear (cotton, paper, etc) (**Figure 1**). Washing can be done with a 10 ml syringe.

For pharyngeal foreign bodies we use Maggil forceps or Adson Forceps and a laryngoscope for intubation that exists in all health units with surgical capacity (**Figure 2**).

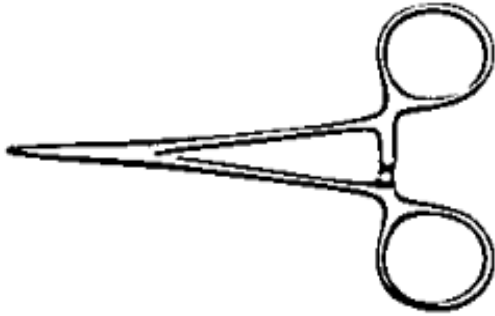


Fig 1: Mosquito forceps for ear foreign body

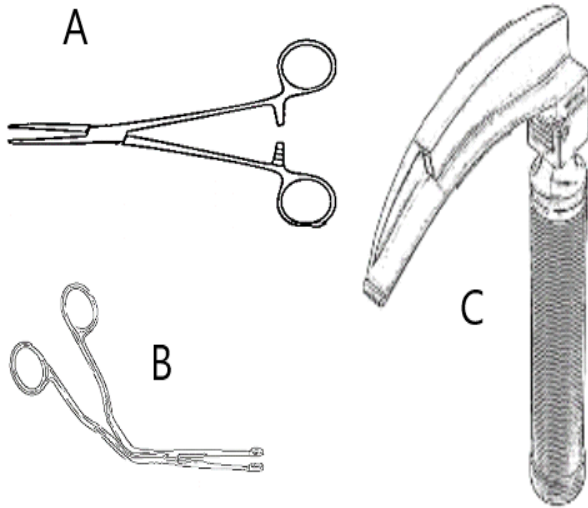


Fig.2: Pharyngeal foreign body extraction instruments. A. Adson artery forceps B. Maggill forceps C. Laryngoscope



Fig.3: Kirschner wire

For the nasal cavities, we designed the curettes as shown in the figures, using the Kirschner wire, molding as if it were a curette and insulating the ends with a piece of adhesive, or using a paper clip, metallic or plastic, which always exists in the administrative services of any health unit, folding and molding as shown in **figure 3 and 4**.

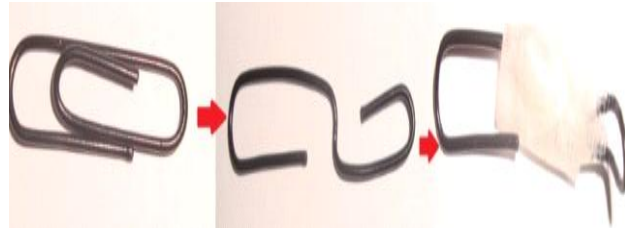


Fig.4: Paper clip for nasal foreign body

The wire was named after a famous German surgeon, Martin Kirschner (1879-1942), a native of Breslau (present-day Wrocław, Poland)²

Kirschner wires have several indications in orthopedics and traumatology, especially for fixing and stabilizing bone fragments during the treatment of fractures, internal osteosynthesis, etc.

CONFLICT OF INTEREST:

The authors declare no conflict of interest.

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