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Conservative management of foreign body ingestion/insertion in Nose & Ear

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Abstract

Foreign body ingestions or insertions (pushing in nostrils/ears) in children are some of the most challenging clinical scenarios facing general practitioners, ENT specialists and even Paediatric gastroenterologists. Aspiration of a foreign body in the airway or ingestion can occur in all, but most commonly occurs in childhood, because children often put objects in their mouths, to find out their shape and taste, and to chew while teething and in nostrils and ears and remove as a play, but sometimes they are unable to retrieve it. Diagnosing depends upon parents or caregivers' observation of the child pushing a peanut or other organic items into the nostril, mouth or nose and before they could stop, it or child himself indicating that he pushed the item and is not coming out. The imprecise nature of histories often leaves the clinician to question the timing and nature of the intervention. Determining the indications and timing for intervention requires assessment of patient's age, size, type of object ingested, location, clinical symptoms, time since ingestion, and myriad other factors. Often the easiest and least anxiety-producing decision is the one to proceed to removal of the item instead of observation alone. Because of variability in pediatric patient age, size, there are fewer firm guidelines available to determine which type of object can be safely removed or will safely pass, as opposed to the clearer guidelines in the adult population. Furthermore, changes in the types of ingestions encountered, specifically button batteries and high-powered magnet ingestions, create an even greater potential for severe morbidity and mortality among children.

Keywords: Exogenous Foreign Bodies; Endogenous Foreign Objects; Aspiration; Insertion; Ingestion; Sudden Choking; Respiratory Distress; Localized Wheezing; Hypoxia; Key Conservative Methods & Strategies; Watchful Waiting & Serial X-Rays; Observing Stools Among Asymptomatic Patients

Introduction

Foreign objects in an organ are objects that come from outside the body or from inside the body. Foreign objects that come from outside the body are called exogenous foreign bodies, usually entering through the nose or mouth. Exogenous foreign bodies consist of organic substances such as legumes, bones, and inorganic substances such as nails, needles, pins, stones, and others. Endogenous foreign objects that come from within the body, can be in the form of thick secretions, blood or blood clots, pus, crusts, tumors, diphtheria membranes, bronchiolitis, amniotic fluid, meconium entering the baby's airway during childbirth [1-3].

Aspiration of a foreign body (FB) in the airway can occur in all, but most commonly occurs in childhood, because children often put objects in their mouths to find out their shape and

Materials and Methods

This is article is based on anecdotal cases handles by the author and a case reported in the print media on 7 May 2026 in Bengaluru where, a youth apprehended for eloping a girl Fearing action under POCSO Act, panicked inside the police station and swallowed a lock-up key in a suicide attempt on Saturday the 2 May 2026. Insertion of pea nuts in nostril or ears in children seen by the author and other case reports add value to different varieties. Literature search adds scientific approaches to the extraction of varieties of foreign bodies by a general practitioner or referral to appropriate specialist.

Outcome: He was fed 10 Kg Banana's over 3 days in a private hospital, and the lock-up key was recovered with this conservative method. Most items inserted in Nose and Ear were easily removed by general practitioners if approached early. Specialist services were required in few anecdotes.

taste, and to chew while teething. The most common cause is the carelessness of patients in adolescents & adults and parents in child cases if they fail to monitor children's activities. Foreign body aspiration of edible items like peanuts or gooseberries into the airway, or insertion into the nostril, causes life-threatening medical emergencies. In toddlers, these incidents frequently lead to sudden choking, respiratory distress, localized wheezing, or hypoxia. Swallowing sharp metallic objects such as screws poses a high risk of intestinal perforation. However, adults ingesting some metallic key, screws, and nuts are accidental, though ingestion with intention of suicide is very rare and bizarre incidence as reported in the print media recently.

Such incidences are some of the most challenging clinical scenarios facing general practitioners, paediatricians, ENT specialist & even adult gastroenterologists. Determining the indications and timing for intervention requires assessment of patient age, size, type of object ingested, location, clinical symptoms, time since ingestion, and myriad other factors. Often the easiest and least anxiety-producing decision is the one to proceed to remove the FB at the earliest, and if FB goes beyond mouth, nostril or external ear endoscopic removal, instead of observation alone. However, urgent endoscopic removal, may not be readily available at sub-district level in India. Feeding bananas to help pass swallowed blunt or small metallic objects is a recognized, conservative management technique used to cushion sharp or small objects and push them through the digestive tract.

The fibrous, soft, and sticky nature of bananas helps coat the object as it passes through the intestines, reducing the risk of perforation. Bananas also act as a bulking agent, facilitating bowel movements and reducing the time an object remains in the body. If a person has swallowed a nail, door key, or similar sharp metal item, its location is confirmed via X-ray and removed through endoscopy or Rhinoscopy. This is article is based on case reported in the print media on 7 May 2026 in Bengaluru where, a youth apprehended for eloping a girl Fearing action under POCSO Act, panicked inside the police station and swallowed a lock-up key in a suicide attempt on Saturday the 2 May 2026. He was fed 10 Kg Banana's over 3 days in a private hospital, and the lock-up key was recovered with this conservative method [4-6].

Case Reports

Sharp Metallic Foreign Body Ingestion

Case 1: A youngster detained by Police swallowing the key to Lock-up & Its Recovery: Ramu a native of Bellary, aged 25 years living in Bengaluru the author's city, was traced using his mobile tower location data in connection with a complaint pertaining to a missing 17-year-old girl. Fearing action under POCSO Act, panicked inside the police station and swallowed a lock-up key in a suicide attempt on Saturday the 2 May 2026.

Cops at the police station rushed him to a private hospital, where doctors chose a non-invasive approach over surgery to recover the key and save the patient. Ramu was given unusual treatment of feeding 10 kg of banana over next 3 days to facilitate the natural passage of the key in his stools. Under constant medical observation and police watch he was fed Banana after banana. The Key was expelled after 72 hrs (3 days and 3 nights). A case has been registered for attempted suicide against him and missing girls' elopement simultaneously.

Case 2: A 1-year-old male child ingesting a metallic screw:

A 1-year-old male presented 2 h after ingesting a metallic screw, experiencing vomiting but hemodynamically stable. Initial abdominal radiograph located the screw in the proximal small bowel. Due to the unavailability of paediatric endoscopy, the child was admitted for conservative management. He was given intravenous fluids and clear liquids by mouth. Additionally, he received oral lactulose. He underwent frequent serial abdominal exams and serial abdominal radiographs. The foreign body progressed daily, and two days after the admission it was seen in the ileocecal region by x-ray. On the third hospital day, the screw passed spontaneously in the stool without complications. He remained asymptomatic and tolerated his enteral feedings throughout the admission.

Case 3: Schoolgirl ingests earring: A 13-year-old girl in a village swallowed her earring while attempting to widen it with her teeth for wearing. In the local Primary Health Centre, the doctor kept close observation on symptoms of abdominal pain, vomiting, fever etc and got serial X-rays done everyday morning in the nearest town private x-ray facility. He kept reassuring parents and the girl, not to worry and it will pass out in the stools. He advised them to feed the girls about a dozen Banans every day. Finally, the earring spontaneously passed in stools after 6 days.

Case 4: ingestion of a 5-cm needle: A 9-years-old female child was admitted to a Government Medical College Hospital emergency unit with complaint of ingestion of a 5-cm needle 1 hour before. While threading the needle holding in her lips, she accidentally swallowed the needle. She did not complain about abdominal pain or nausea or vomiting. There was no history of medical issues or surgery. On examination, patient's abdomen was without any tenderness or guarding and there was not any visible thoracic or cervical emphysema. Laboratory tests performed did not indicate leucocytosis or acidosis. Following abdominal computed tomography confirmed the needle location in D2, with no signs of pneumoperitoneum.

Due to the impossibility of foreign body removal via endoscopy and the absence of clinical signs, the patient was initiated on conservative treatment after a complete explanation of the conditions, disadvantages, and risks was provided to the patients, and obtaining their written consent. She was kept on Feeding Bananas every 2-3 hrs almost about 18=20 Banas every day. Subsequent serial abdominal X-rays revealed no alteration in the needle's shape and showed its removal on 4th day. The patient was observed throughout the entire course of hospital admission and was discharged without any complications.

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4.2. Soft Edible Items Ingestion:

1. **Boy-2 Yrs Old Swallow Gooseberry & Dies:** Victim Vijendra, 2 years old male child accidentally swallowed a large gooseberry while playing at home. As the boy began struggling for breather, parents rushed him to Govt. Hospital. The Casualty Medical Officer examined and certified as being brought dead. Therefore, no treatment given

2. **Inserting Peanut in Nose:** My first ever experience in 1969 was a 3-year-old inserted a peanut in nostril and was experiencing breathing difficulties. Young Parents both schoolteachers had observed the child pushing a peanut into the nostril. There were no immediate symptoms, but localized irritation began in 15 minutes. Symptoms progressed persistently, unilateral on left nostril only, and started foul-smelling nasal discharge. Child complained of local nasal pain and parent could see the peanut. There was some mild bleeding or blood-stained mucus. Unilateral nasal blockage was visible. Diagnosis was confirmed with anterior rhinoscopy in a torch light. As it was an anteriorly lodged peanut. I used adrenaline drops (2) as a tropical vasoconstrictor which decongested and shrunk the mucous membrane. And then removed safely in outpatient clinic setting, using a Jobson-Horne probe, & a blunt hook, in 2 pieces putting the scoop behind the seed and pulling. The boy was very cooperative and was back breathing normally in next 15 minutes.

Tamarind Seed in Ear: A 3-year-old boy was brought to the authors with history of inserting a tamarind seed while playing. Being a non-spherical and graspable object, we extracted using alligator forceps, under direct visualization (e.g., using headlight).

An insect in Left Ear: While playing in tube light in open, a 4-year-old girl felt one of the light insects enter her left year. The author irrigated Her Ear with Some Uke Warm Water Using A Simple Syringe. Irrigation is effective for small, inert objects. However, syringing is contraindicated if the tympanic membrane (eardrum) is perforated or if the object is organic (e.g., seeds/beans), as moisture will cause them to expand.

Discussions

Foreign Body Aspiration of Edible Items Like Peanuts or Gooseberries: Medical literature has documented lots of cases of peanuts, gooseberries, Roasted Bengal gram, sugar candy and other organic materials becoming lodged in the upper or lower airways among children. Usual presentation is parents or caregivers observe the child pushing a peanut into the nostril and before they could stop, it is pushed in. Usually there are no immediate symptoms, but local irritation begins quickly. If the event goes unnoticed, the peanut can remain lodged for days or even weeks. Symptoms typically progress to persistent, rubbing the unilateral nostril and foul-smelling nasal discharge after 12-24 hrs. Organic materials such as peanuts swell on contact with airway secretions, worsening the obstruction over time. Because these objects are organic, they may not be clearly visible on initial X-rays, due to which some cases where nobody had observed are misdiagnosed by general practitioners as asthma, bronchitis, or pneumonia. There may be Local nasal pain, swelling & mild bleeding or blood-stained. Unilateral nasal blockage and breathing difficulty will follow.

Management and Extraction: Diagnosis relies heavily on a detailed history of the choking event and is confirmed with anterior rhinoscopy (Either throwing a beam of light from a torch & looking into the nostril, or sometimes with an otoscope or fibreoptic endoscope by an ENT specialist). The initial therapy for foreign bodies in the nose is the extraction of these foreign bodies if the child is brought up immediately using a scoop-like instrument. In conscious Patients and if the person can cough forcefully, they are encouraged to continue to do so. If they are unable to breathe, speak, or make sound, performing the Heimlich manoeuvre (or back blows/chest thrusts for infants) is tried. Within an hour the pea nut may swell due to absorption of nasal discharges and can be removed in pieces. In some cases, imaging such as an X-ray or CT scan may be used, especially if the peanut has broken apart or migrated. Extraction protocols vary depending on the patient's cooperation and the position of the peanut.

i) For a cooperative child and an anteriorly lodged peanut, the object is removed safely in an outpatient clinic setting using a probe, as I had done in the case reported.

ii) ii) ENT specialists use instruments like a Jobson-Horne probe, alligator forceps, or a blunt hook. Topical vasoconstrictors (like adrenaline drops) and decongestants are usually applied first to shrink the mucous membrane. One other method used is bronchoscopy and administration of antibiotics, analgesics, and corticosteroids to avoid complications caused by the extraction. The gold standard for retrieving aspirated food particles is rigid bronchoscopy under general anesthesia. If a child or adult is actively choking on food and experiencing breathing problems, immediate action is required. In unconscious Patients an emergency medical consultation immediately by Lowering the person to the floor and CPR be performed by locally available adult.

Sharp Metallic Foreign Body Ingestion: Historically in extreme, low-resource settings, large quantities of bananas have been used as a non-invasive way to facilitate the excretion of swallowed metal objects, such as keys, earrings or other tiny jewellery, especially when the object is already in the stomach and the person is asymptomatic. In recent years a shift towards conservative management has been observed, where patients are closely monitored, and surgical intervention is reserved for complications such as obstruction or perforation. However, few cases of conservative management of sharp foreign bodies have been reported in paediatrics population. Management Guidelines advise Not to Induce Vomiting as it can cause the object to scratch the throat or be inhaled. The object will be passed within 4–6 days. If pain / fever occurs, it is an emergency needing surgical removal. Objects longer than 6 cm or wider than 2.5 cm often cannot pass the pylorus (stomach exit) and need urgent removal. Doctors should never wait to see if multiple magnets or button batteries pass. If an object is stuck in the oesophagus (chest pain, inability

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to swallow), it must be removed via endoscopy within 24 hours. In adult cases, sharp foreign bodies were observed to pass through the gastrointestinal tract within an average of 29 hours, with no complications such as perforation or prolonged retention [7-9]. The mean gastrointestinal transition time in children is about 3.6 days and if the expected passage does not show after 4 days surgical removal needs to be considered a case study demonstrated that a bowel regimen involving docusate sodium, lactulose, and polyethylene glycol can effectively help pass ingested sharp objects without the need for surgery. While conservative management is frequently effective, there is still a risk of complications with sharp objects. The possibility of perforation requires careful assessment & monitoring, especially in high-risk groups such as children and individuals with psychiatric conditions.

Conservative management of ingested blunt metallic objects (like coins or small toys, keys, jewelleries') in children and adults in India focuses on "watchful waiting," as most objects pass spontaneously. Such key methods include daily surveillance, serial radiography (X-ray), and stool examination, typically allowing the object to traverse the gastrointestinal tract within 1-10 days. Asymptomatic patients are monitored with radiographs every 24-48 hours to confirm the object is moving through the digestive system [10-12]. Parents of children or adults themselves are advised to carefully inspect stools for the metallic object. High-fibre diets -Bananas, boiled Sweet Potatoes are fed every 3-4 hours to help speed up transit time Conservative treatment is abandoned if the patient develops pain, vomiting, or fever, indicating a need for intervention.

Foreign Bodies in Ears: Ear foreign bodies (FBs) are common, especially in children. Management requires identifying the object to prevent pushing it deeper [13].

A. Management of Live Insects: If an insect is in the ear, tilt the head upward and immobilize or kill the insect using warm mineral oil, olive oil, or rubbing alcohol before attempting removal. Do not use water, as it will cause the insect to flap its wings and struggle.

B. Smooth, Non-swelling Objects: For small beads or toys that are easily graspable, tweezers can be used gently if the object is fully visible.

C. Button Batteries: Treat these as a medical emergency. The electrical current can cause severe tissue necrosis and burns.

D. Organic Objects (Beans, Seeds, Food): Do not use water or syringing, as organic matter absorbs moisture, swells, and becomes tightly wedged.

Clinical Management and Medical Removal In a smaller setting (like a GP or an ENT clinic or emergency department),

i. Mechanical Extraction: Uses specialized instruments like alligator forceps, wax hooks, or curettes to grasp the object or hook behind it.

ii. Micro Suction: Highly effective for objects that are difficult to grasp or move freely.

iii. Irrigation (Syringing): Utilized for non-organic, loose objects, provided there is no suspected perforation of the eardrum or ear tubes.

iv. Glue Techniques: A small amount of medical skin glue (cyanoacrylate) is placed on a swab & carefully adhered to object.

Cautions (What not to do):

i. Never poke or prod: Using cotton swabs, matchsticks, or tweezers blindly can push the object deeper or puncture the eardrum

ii. Avoid fluids if eardrum is perforated-Never irrigate or drop oil into the ear if you suspect a ruptured eardrum or if the child has ear tubes. Seek immediate medical attention if the object cannot be safely and easily removed on the first try, if the insertion is causing severe pain or bleeding, or if it involves a button battery. Children often require sedation or general anaesthesia for safe extraction to prevent trauma to the delicate ear canal

Conclusion

Foreign body ingestions or insertion and Aspiration in children are some of the most challenging clinical scenarios facing general practitioners, ENT specialists and even Pediatric gastroenterologists. Aspiration of a foreign body in the airway or ingestion can occur in all, but most commonly occur in childhood, because children often put objects in their mouths, to find out their shape and taste, and insert in nostrils and ears as a play, but sometimes they are unable to retrieve it. Conservative management of ingested blunt metallic objects like coins or small toys, keys, jewelleries') in children and adults in India, focuses on Key Conservative Methods & Strategies that include Watchful Waiting & Serial X-rays among asymptomatic patients every 24-48 hours to confirm the object is moving through the digestive system. Parents of children or adults themselves are advised to carefully inspect stools for the metallic object. High-fibre diets -Bananas, boiled Sweet Potatoes are fed every 3-4 hours to help speed up transit time. Conservative treatment is abandoned if the patient develops pain, vomiting, or fever, indicating a need for intervention.

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