

## Foreign bodies (FBs) in the nose

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### Background

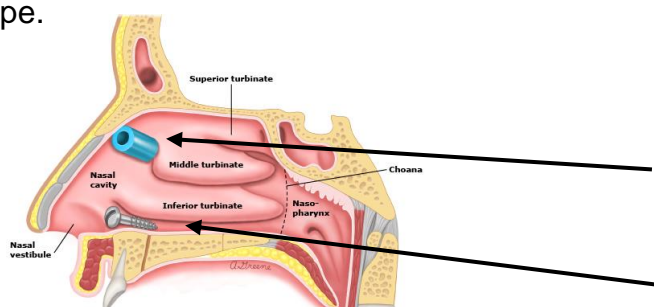
- Most cases are not serious.
  - There is a **perceived risk** of aspiration, but this is rare (estimated risk <6 in 10000 cases. No reports of bronchial FBs spontaneously arising from nasal FBs in the literature).
  - **Children usually allow only one attempt at FB removal.** If this fails or the child sustains pain they will be reluctant to any further attempt of removal. Therefore, unless very obvious and can be removed simply, ENT should be contacted. ENT have microscopy and specialist equipment to remove FBs.
  - There is an ENT clinic on Level 5 OPD every afternoon. Please call down and ENT will be happy to help.
- Most foreign bodies are inorganic (beads or small toys) and asymptomatic.
  - Unilateral purulent and foul-smelling nasal discharge suggests a porous FB (paper or foam rubber) or organic matter (food such as peas).
- **Button batteries** can cause severe erosion of the mucous membranes. Any suspicion in the history or presentation that suggests a battery should be taken seriously. If a battery is not clearly identified, x-ray of head plus chest / abdomen should be performed. If x-ray is clear then a button battery can be excluded.
- **Paired disc magnets** may attach to either side of nasal septum and cause perforation.
- Both warrant URGENT referral to ENT.

### Complications

1. Of removal – pain, distress, epistaxis, foreign body aspiration.
2. Of foreign body – local inflammation, sinusitis, damage to nasal structures.

### Assessment

Look in both nostrils and ears to ensure no other objects are present. Use headlight or otoscope.



Foreign bodies are commonly located:

Superiorly in nasal cavity in front of middle turbinate

Floor of nasal passage under the inferior turbinate

**Management**

