Sir,

We report an interesting case of lower part of cosmetic nose pin presenting as foreign body just prior to surgery. A 21-year-old female with toxic multi nodular goiter was posted for total thyriodectomy. The patient was wearing nose pin on the left side since 10 years of her age and it was not possible to remove it even after best possible manual efforts in the preoperative preparation. It was decided to remove the nose pin by the conventional method, following general anesthesia and endotracheal intubation as the patient was quiet apprehensive.

In this conventional method, two threads are used and one thread is tied on the upper part of the nose pin and the other thread is tied on the lower part. Both threads are then moved in counter directions which unscrew the nose pin and facilitate easy removal. After intubation, the nose pin was removed by the above-mentioned method but the lower part of the nose pin broke off and was fallen into the lower part into the nasal cavity. We have immediately noticed the problem and skiagram of head and neck was done (both anterio-posterior and lateral view). The skiagram lateral view showed [Figure 1] us foreign body in the left nasal cavity at the junction of anterior two third and posterior one third of inferior turbinate in the floor of nose.

We have not done fiberoptic because of two reasons: Firstly, it will further push the foreign body further down and secondly fiberoptic doesn’t have working channel to pull out the foreign body.

The foreign body was removed by an innovative technique by passing epidural catheter from left nare and retrieving it from mouth and then tying a small gauze piece soaked with jelly. The epidural catheter was then pulled out through the left nare. We found the lower part of the nose pin glued to the gauze piece (inset Figure 1).

We want to emphasize preoperative removal of such ornaments but if somehow it is not possible as it was in our case then such ornaments should be removed with utmost care. The anesthesia team should remain alert during these maneuvers as there is high possibility of misplacement of these objects. Such nasal foreign bodies are typically found around the floor of the nose just below the inferior turbinate as it was in our case also.

These objects can cause airway obstruction during extubation or may present as foreign body trachea later. Removal of such foreign bodies is important to avoid cautery burn in the perioperative period and should be done under expert hands. Anesthetic team should remain alert during its removal. To the best of our knowledge, there is no reported literature of the nasal pin acting as foreign body. When faced with such an unanticipated problem, as in our case, the heat of the moment forces us to do maneuvers like fiber-optic laryngoscopy, but we should not push the foreign body further beyond and must confirm the position of foreign body before attempting any maneuver. Not to and never to forget, the return of these ornaments to the patient attendants must be ensured and mentioned in the file for medico legal purposes.

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