

Recurrent unilateral tonsillitis secondary to a penetrating foreign body in the tonsil

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Abstract

We report a case of an impacted foreign body in the tonsil presenting as recurrent unilateral tonsillitis. A completely embedded foreign body should be considered in cases of recurrent unilateral tonsillitis.

Key words: Foreign bodies, Tonsil

Case report

A 12-year-old girl presented to the Accident and Emergency Department with a two-day history of left-sided sore throat. She had felt a protruding object in the left side of her throat and gave a history of an impaction injury with a ballpoint pen in her mouth three months before. She had pulled the pen out immediately, but did not remember if a part was missing. Her GP noticed a laceration over the left tonsil for which a course of antibiotics was given. Subsequently she had visited her GP on three occasions at monthly intervals with a left-sided sore throat. A course of antibiotics was prescribed on each visit which temporarily relieved her symptoms only to recur a few weeks later.

On examination an embedded piece of plastic was visible in the upper pole of the left tonsil surrounded by an area of inflammation. Under general anaesthesia the bottom plug of a ballpoint pen was retrieved from the left tonsil (Figure 1). She made an uneventful recovery and was discharged.

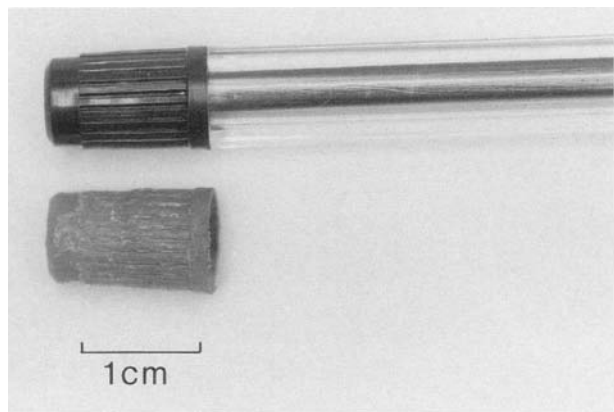


FIG. 1

Ballpoint pen (upper) and the impacted pen plug (lower).

Discussion

Unilateral tonsillitis may be due to quinsy, tonsilloolith, malignancy or an impacted foreign body.

Most series on foreign bodies in food and air passages are notable for recording no foreign bodies in the pharynx or tonsil (Citron, 1948). Completely embedded foreign bodies in the tonsil are rare (Osbourne, 1966; Soni *et al.*, 1980). The migration of an embedded foreign body is thought to be due to the contraction of pharyngeal muscles on swallowing. Osbourne (1966) reported a ballpoint pen cap embedded in the tonsil for five days. In our case the ballpoint pen plug remained embedded for three months. Guillion (1939) reported the presence of a shell splinter in the tonsillar fossa for 20 years.

Young children often chew the ends of pens and similar objects (Laws and Walters, 1997). The possibility of an impacted foreign body should always be considered with a history of trauma (Radkowski *et al.*, 1993; Laws and Walters, 1997). In children, impacted foreign bodies should be considered in the differential diagnosis of recurrent unilateral tonsillitis.

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