Inanimate Objects in Orifices

By Jamie Wells, M.D. — September 2, 2016

Credit: Shutterstock [1]

Location. Location. Location. Everything in medicine comes down to real estate. The closer to a vital structure in the body, the more precarious the consequence— especially when considering foreign objects where nature did not intend them to be.

As I think more about inanimate items in familiar orifices, I realize how truly boundless the possibilities are for mass education and insight. There isn't a field of medicine that doesn't address these issues; or, one I can think of anyway. So, buckle up, as we journey through the initial in a series taking a top down approach.

We'll go from the top down. So that means beginning with the ear, nose and throat.

For the pediatrician, it is a semi-routine occurrence to remove alien entities from known apertures. There is a classic child response upon discovery of said entity: "It must have flown in when I was asleep" or "My brother did it." Or any permutation of those. Once outed, the why does not disappoint: "Johnny told me I couldn't."

Basically, I could, so I did.

Of note, albeit an adult or child, the common theme with foreign bodies in the body is a term I just invented called *challenged-honesty*. We call that 'magical thinking' or 'fibbing' in the very young, and something else in the grown-up world. It rhymes with 'spying.' No one wants to really talk about how something got in there, even if it wasn't something they even placed.

Like a cockroach. Now back to the ear and how roaches are sometimes connected with inanimate objects.

Inorganic products lodge in the narrow tortuous canal of an inner ear or in the space-limiting

nostril. Organic ones can literally crawl deeper. Yes, literally. Thank Dr. David Godin [2], experienced Manhattan otolaryngologist and surgeon, for informing me that when ENT physicians use their superhero equipment to retrieve cockroaches, for example, from the ear they get spooked by the light. This prompts them to move in toward the drum- a less desirable direction for the afflicted patient. They tend to get frightened and cling to it. I imagine the position and sound that reverberates to be terrifying. Everyone I told it to while writing this article felt the same creepy feeling.

Dr. Godin says adults tend to contribute Q-tip pieces, cotton balls, hearing aid domes, insects, and soft, plastic components of headphones to their auditory anatomy, while children place toy parts, food items like peanuts and peas, marbles, bugs and necklace beads to their nasal and hearing facilities. They typically present with a foul rhinal aroma and unilateral purulent drainage. Dr. Godin traditionally encounters frank pus and while sifting through the granulation tissue unearths the uninvited guest. He reports the characteristic parental response when something is found in a child's orifice to be “Oh, I was looking for that.”

They may have been looking for a while.

Typically, by the time a specialist sees the patient someone has already made multiple attempts to disburden the adulterated cavity. Sometimes a lot of trying, so there could be swelling or other issues. By the time they get to us, we just want to avoid the operating room. Fortunately, at that point patients are pretty compliant, even when we are trying to get a hook around it.

It's scary even for us when there is a battery involved. Those are corrosive and can erode the esophagus. Safety pins could perforate lots of things.

This is my advice: Ponder the ramifications of swallowing or embedding non-native gadgets in your physique chambers, because I am running out of creative ways to say “orifice.”

In the next installment of “Inanimate Objects in Orifices”, we'll move farther down the body, where things can be just as weird.

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