

Imaging study of a palatal foreign body in a cat: an image report

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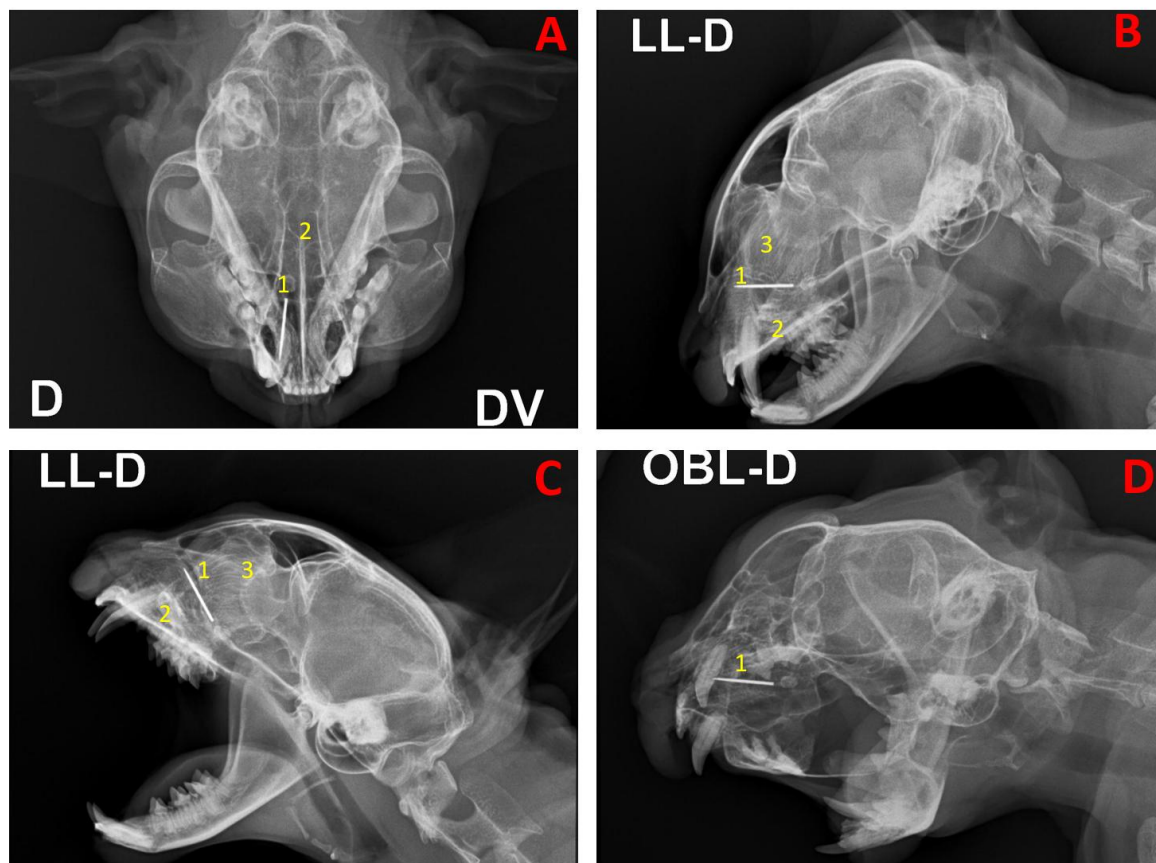


Figure 1. Foreign body X-rays in a cat, A- dorsal ventral radiography; A1 foreign body (a needle); A2 vomer, B – Laterolateral radiography; B1 foreign body (a needle); - B2 hard mandibular palate; B3 middle nasal concha, C - open-mouth laterolateral radiograph; C1 foreign body (a needle); C2 - hard mandibular palate C3 - superior nasal concha, D - right lateral oblique radiograph; D1 - foreign body (a needle).

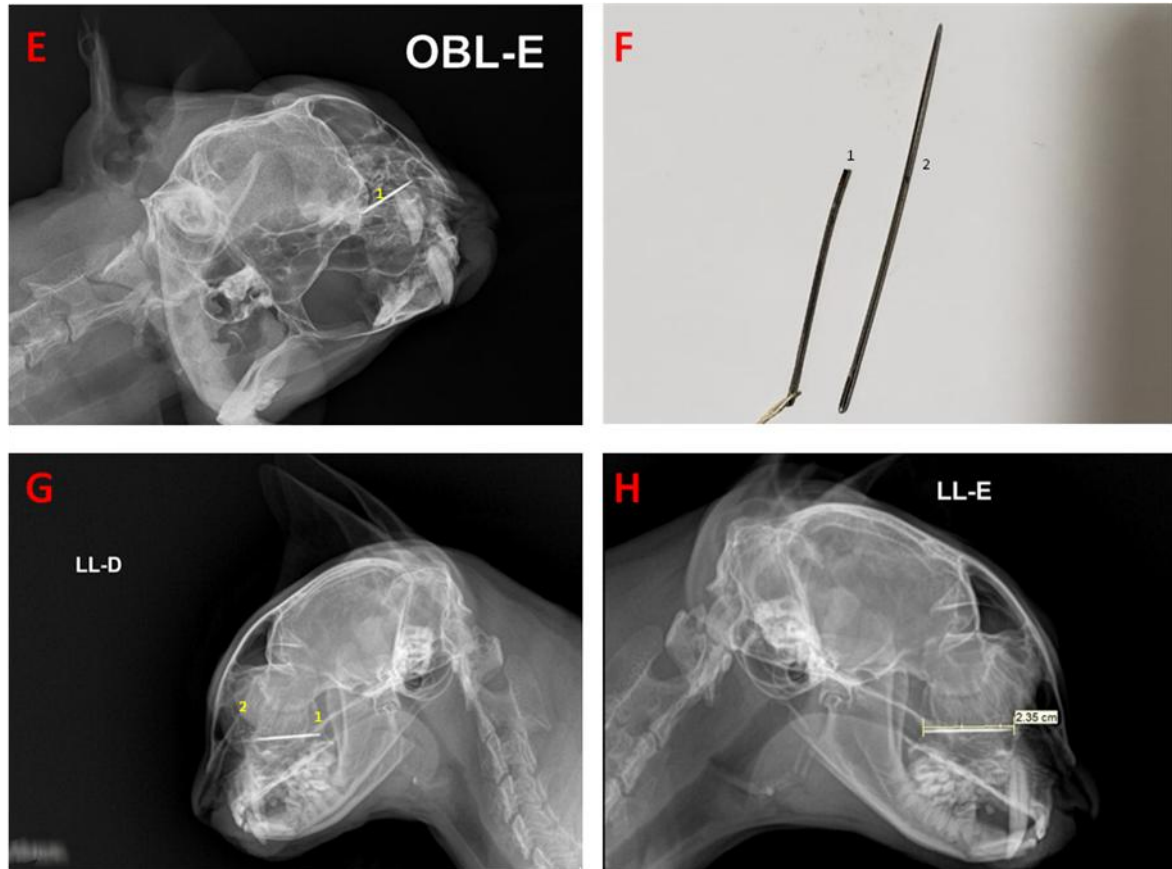


Figure 1 (continuation). Foreign body X-rays in a cat, E - right lateral oblique radiograph; E1 - foreign body (a needle). F - Comparison of the whole needle with the broken one, F1 - Free portion of the broken needle, F2 - Whole needle, G - Right Laterolateral radiography; G1 foreign body (a needle); - G2 - superior nasal concha; H - Left Laterolateral radiography with scale of foreign body (needle).

The radiographic images show a 4-year-old cat that ingested a needle, which, during the regurgitation attempt, transfixated the soft palate and lodged in the nasal cavity (Figures 1A to 1H). After trying to remove the foreign body, the needle broke and remained inside the nasal cavity, making it impossible to access externally via the nasal or oral route.

In the images, we observe an elongated metallic foreign body of 2.35 mm compatible with a needle, lodged in

the nasal cavity, having its caudorostral origin, lateral oblique and ventrodorsal, in parallel in the posterior part to the vomer and in the rostral part the perpendicular blade of the ethmoid, piercing the inferior and middle nasal concha, as well as its endoturbinates and ectoturbinates. The tip of the needle is directed towards the alveolar region of the canine tooth in the right maxilla.

Such placement of the foreign body makes any external maneuver for its removal impossible. Surgical removal

was initially discarded due to the great invasiveness of the procedure, preferring to wait for the natural movement of the foreign body that could facilitate its future access.

The animal has been followed for 1 year by the veterinarian, and during this period the needle remained inert. Likewise, the animal does not show any change in behavior, clinical signs of pain, no difficulty in prehension, chewing and swallowing food, or any difficulty in breathing. Both airways show normal air passage in the clinical trial.

Considering that the needle material is stainless steel, similar to those used in surgeries, the non-reaction of the tissue and the inactivity or displacement of the foreign body is justified. In view of this, external access remained impracticable, however, the possibility of surgical removal was ruled out, since the benefits of needle removal are much lower than the losses of surgical access, due to its invasiveness and possibility of post-surgical damage.

Accidents with sharp piercing objects with animals are quite recurrent, especially with needles, due to the tutors' habits of leaving needles in skewers of thread, which are very attractive for the entertainment of felines. Thus, the necessary care on the part of tutors is emphasized in leaving such types of objects at the disposal of animals, or even children [1].

In clinical aspects, we must always consider the nature and location of the foreign body, before deciding on any invasive procedure. The clinical follow-up of the case over time can be the difference in making such a decision [2].

References

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