

Foreign Bodies in the Ear Nose and Throat in Children: Experience of a Tertiary Hospital

Çocuklarda Kulak Burun ve Boğazda Görülen Yabancı Cisimler: Üçüncü Basamak Hastane Deneyimi

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ABSTRACT Objective: Foreign bodies (FB) in the ear, nose and throat (ENT) are frequently encountered in pediatric emergency services and polyclinics. The aim of this study is to examine the clinical features and approach methods of patients who applied to the pediatric emergency department with the complaint of FBs in the ENT. **Material and Methods:** The files of the patients who applied to the pediatric emergency outpatient clinic and were consulted due to FBs from the ENT clinic were retrospectively analyzed. Demographic data, diagnostic examinations, type of FB, localization and treatment methods of 301 patients with FB in the ENT were recorded. The patients were divided into three groups as 0-5, 6-11 and 12-17 years old, and the findings were analyzed. **Results:** The median age of the patients was 3.0 (2.0-5.0) years and 134 (44.5%) were female and 167 (55.5%) were male. It was determined that 239 (79.4%) of the patients were 0-5 years old, 40 (13.3%) were 6-11 years old and 22 (7.3%) were 12-17 years old. In patients aged 0-5 years, the most common nasal FB [184 (61.1%) patients] was observed, while in patients aged 6-11 and 12-17 years, FBs in the ear [respectively; 23 (7.6%) patients and 15 (5.0%) patients] were found to be more common. Of the FBs removed from the patients, 194 (64.5%) were composed of inorganic [most common beads (29.2%)] and 107 (35.5%) organic materials [most common sunflower seed shell (8.0 %)]. In 9 (3.0%) cases FB was removed under general anesthesia. **Conclusion:** FBs are frequently seen between the ages of 0-5 and in the nose. By informing parents and caregivers, unwanted complications and applications to pediatric emergency services will decrease.

Keywords: Ear nose throat; foreign body; child

ÖZET Amaç: Kulak-burun-boğazda (KBB) yabancı cisimlere (YC) çocuk acil servislerinde ve polikliniklerde sıklıkla rastlanmaktadır. Bu çalışmanın amacı, KBB'de YC şikâyeti ile çocuk acil servisine başvuran hastaların klinik özelliklerini ve yaklaşım yöntemlerini incelemektir. **Gereç ve Yöntemler:** Çocuk acil polikliniğine başvuran ve KBB kliniğinden YC nedeniyle konsülte edilen hastaların dosyaları geriye dönük olarak incelendi. KBB'de YC olan 301 hastanın demografik verileri, tanı muayeneleri, YC tipi, lokalizasyonu ve tedavi yöntemleri kaydedildi. Hastalar 0-5, 6-11 ve 12-17 yaş olmak üzere üç gruba ayrıldı ve bulgular gruplar arasında analiz edildi. **Bulgular:** Hastaların ortalama yaşı 3,0 (2,0-5,0) yıl olup, 134'ü (%44,5) kadın, 167'si (%55,5) erkekti. Hastaların 239'unun (%79,4) 0-5 yaş, 40'mın (%13,3) 6-11 yaş, 22'sinin (%7,3) 12-17 yaş arasında olduğu belirlendi. 0-5 yaş arası hastalarda en sık burunda YC [184 (%61,1) hasta] gözlenirken, 6-11 ve 12-17 yaş arası hastalarda kulakta YC'ler [sırasıyla 23 (%7,6) hasta ve 15 (%5,0) hasta] daha sık bulundu. Hastalardan çıkarılan YC'lerin 194'ü (%64,5) inorganik [en sık boncuk (%29,2)], 107'si (%35,5) organik maddelerden [en sık ayçiçeği çekirdeği kabuğu (%8,0)] oluşuyordu. Hastaların 9'unda (%3,0) bulunan YC genel anestezi altında çıkarıldı. **Sonuç:** YC'ler 0-5 yaş arasında ve burunda sık görülmektedir. Genellikle zararsız olan YC'ler gözden kaçırıldıklarında komplikasyonlara neden olabilirler. Ebeveynlerin ve bakıcıların bilgilendirilmesiyle istenmeyen komplikasyonlar ve çocuk acil servislerine başvurular azalacaktır.

Anahtar Kelimeler: Kulak-burun-boğaz; yabancı cisim; çocuk

Applications with foreign body (FB) complaints in the ear, nose and throat (ENT) are frequently seen in pediatric emergency services and outpatient clinics. Eleven percent of the applications coming as ENT emergencies consist of FB.^{1,2} In the first years of a child's life, curiosity or desire to explore, interaction with the environment, imitation, boredom, mental retardation cause various objects to be placed in

the ear and nasal cavities. FBs in the throat often occur accidentally during eating and drinking.²⁻⁴ Children may smuggle a wide variety of objects around them into the ENT area. Sometimes, in cases where the etiology is unknown, complaints such as pain, obstruction, inflammatory discharge and discomfort may be present. If there is no history pointing to the diagnosis of FB, the diagnosis can be missed. First, a

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thorough history and physical examination, along with the suspicion of FB, will assist in the discovery of a FB.

FB in the ENT can usually be treated in an outpatient setting without significant risk.^{5,6} There is a risk of causing aspiration to the lower respiratory tract and acute airway obstruction in FBs in the nose.⁶ FBs in the throat, on the other hand, are conditions that may potentially require emergency surgical intervention.⁶ Care should be taken when performing FB examination of the nose and throat in order not to cause acute airway obstruction. Imaging methods can help diagnose FB in the ENT. Endoscopes, which have been frequently used in recent years, have made the diagnosis of FBs in the ENT region much easier.^{6,7} For successful and safe removal of FBs, it is important to know the anatomy of the relevant region well and to use the most appropriate method.⁸ The patient's age, mental status, compliance with the examination, FB shape, size, location, and the skill of the responder are important factors.⁹ However, there are no gold standard techniques for FBs removal in ENT. Generally, local anesthesia, aspiration, irrigation, blunt-tipped curettes and forceps are used.^{7,10}

This study was carried out to analyze the age and gender distribution of patients who applied to the pediatric emergency department of our hospital with the complaint of FB in the ENT, in terms of FB type, region and removal method.

MATERIAL AND METHODS

The files of the patients who applied to the pediatric emergency department of Konya City Hospital with a FB complaint between January 2021 and December 2021 and were consulted to the ENT outpatient clinic were retrospectively analyzed. Age, gender, admission complaint, diagnostic examinations, FB type and localization, treatment methods and hospitalization status of 301 patients with FB detected in the ENT were recorded. The patients were divided into 3 groups as 0-5, 6-11 and 12-17 years old, and the findings were analyzed. In addition, patients were grouped into ENT (oropharynx and larynx) according to the FB location.

Since this study was made from records, patient consent was not obtained. This study was conducted in accordance with the principles of the Declaration of Helsinki and was approved by the Health Sciences University Hamidiye Scientific Research Ethics Committee (date: 11 March, 2022, no: 9/16).

STATISTICAL ANALYSIS

SPSS Windows software (ver. 22; IBM SPSS, Chicago, USA) was used for all statistical analyses. Descriptive statistical methods were used in the analysis of the data. Normality tests including the Kolmogorov-Smirnov and the Shapiro-Wilk tests, was used to determine the distribution of data. Normally distributed data were expressed as mean±standard deviation, and not normally distributed data were expressed as median (25th-75th percentile). Categorical variables were specified as number (n) and percentage (%).

RESULTS

The median age of the patients was 3.0 (2.0-5.0) years. The youngest was 1 year old and the oldest 17 years old. Of the patients, 134 (44.5%) were female and 167 (55.5%) were male. FB was detected in the nose in 196 (65.1%) of the 301 patients included in the study, in the ear in 84 (27.9%) and in the throat in 21 (7.0%). It was determined that 239 (79.4%) of the patients were 0-5 years old, 40 (13.3%) 6-11 years old and 22 (7.3%) 12-17 years old. In patients aged 0-5 years, the most common nasal FB [184 (61.1%) patients] was observed, while in patients aged 6-11 and 12-17 years, FBs in the ear [respectively; 23 (7.6%) patients and 15 (5.0%) patients] were found to be more common. FB was removed under general anesthesia (GA) in 9 (3.0%) cases. Of these, 7 (2.3%) were removed from the ear and 2 (0.7%) from the nose (Table 1). FBs removed from the ear under GA were beads (n=3), sunflower seed shell (n=1), pencil tip (n=1), corn (n=1) and stone (n=1). FBs removed from the nose under GA were beads (n=1) and safety pins (n=1).

FB was found in the right ear in 47 (15.6%) patients, in the left ear in 35 (11.6%) patients, and in both ears in 2 (0.7%) patients. It was observed that patients with FB in the ear were between 0-5 years of age and were more common in the right external

ear canal. FB was found in the right nasal cavity in 116 (38.5%) patients, left in 78 (25.9%) and both nasal cavities in 2 (0.7%) patients. It was determined that most of the patients with FB in the nose were in the 0-5 age range and in the right nasal cavity. FB was detected in the nose in only 1 (0.3%) patient between the ages of 12-17. FBs were found in the right tonsil in 12 (4.0%) patients, in the left tonsil in 7 (2.3%) and in the larynx in 2 (0.7%) patients. While FBs in the throat were more common in the right tonsil, no difference was observed in terms of age groups (Table 2).

Of the FBs removed from the patients, 194 (64.5%) were inorganic and 107 (35.5%) were organic. The most removed inorganic FBs were beads (29.2%), paper-napkin (7.4%), cotton (4.3%), plastic pieces (4.0%), pencil tip (2.7%) and stone pieces (2.3%). The most removed organic FBs were sunflower seed shell (8.0%), corn (5.6%), fish bone (4.0%), chickpea (5%), insects (2.3%), beans (2.3%) and peanuts (2.0%). The distribution of the removed FBs according to their types is shown in Table 3.

TABLE 1: Distribution of patients with FBs in the ear, nose and throat according to their demographic and clinical characteristics.

		FB in the ear n (%)	FB in the nose n (%)	FB in the throat n (%)	Total n (%)
Gender					
Female		37 (12.3)	90 (29.9)	7 (2.3)	134 (44.5)
Male		47 (15.6)	106 (35.2)	14 (4.7)	167 (55.5)
Age range					
0-5 years		46 (15.3)	184 (61.1)	9 (3.0)	239 (79.4)
6-11 years		23 (7.6)	11 (3.7)	6 (2.0)	40 (13.3)
12-17 years		15 (5.0)	1 (0.3)	6 (2.0)	22 (7.3)
Treatment method					
Direct intervention		77 (25.6)	194 (64.5)	21 (7.0)	292 (97.0)
Intervention under general anesthesia		7 (2.3)	2 (0.7)	0 (0.0)	9 (3.0)
Total		84 (27.9)	196 (65.1)	21 (7.0)	301 (100)

FB: Foreign body.

TABLE 2: Distribution of the localization of FBs by age range of the patients.

	0-5 years n (%)	6-11 years n (%)	12-17 years n (%)	Total n (%)
FB in the ear				
Right external ear canal	28 (9.3)	8 (2.7)	11 (3.7)	47 (15.6)
Left external ear canal	17 (5.6)	14 (4.7)	4 (1.3)	35 (11.6)
Both external ear canals	1 (0.3)	1 (0.3)	0 (0.0)	2 (0.7)
FB in the nose				
Right nasal cavity	107 (35.5)	9 (3.0)	0 (0.0)	116 (38.5)
Left nasal cavity	76 (25.2)	2 (0.7)	0 (0.0)	78 (25.9)
Both nasal cavities	1 (0.3)	0 (0.0)	1 (0.3)	2 (0.7)
FB in the throat				
Right tonsil	5 (1.7)	4 (1.3)	3 (1.0)	12 (4.0)
Left tonsil	3 (1.0)	2 (0.7)	2 (0.7)	7 (2.3)
Larynx	1 (0.3)	0 (0.0)	1 (0.3)	2 (0.7)
Total	239 (79.4)	40 (13.3)	22 (7.3)	301 (100)

FB: Foreign body.

TABLE 3: Distribution by FBs types.

Inorganic substances n (%)		Organic substances n (%)	
Bead	88 (29.2)	Sunflower seed shell	24 (8.0)
Cotton	13 (4.3)	Corn	17 (5.6)
Plastic parts	12 (4.0)	Chickpeas	15 (5.0)
Paper	11 (3.7)	Fishbone	12 (4.0)
Paper napkin	11 (3.7)	Insects	7 (2.3)
Pencil tip	8 (2.7)	Beans	7 (2.3)
Stone parts	7 (2.3)	Peanut	6 (2.0)
Dress button	5 (1.7)	Grass	4 (1.3)
Toy parts	5 (1.7)	Pasta	3 (1.0)
Sponge	5 (1.7)	Raisins	2 (0.7)
Hair clip	5 (1.7)	Olive seeds	2 (0.7)
Rubber	4 (1.3)	Tangerine peel	1 (0.3)
Battery	3 (1.0)	Tooth	1 (0.3)
Metal objects	3 (1.0)	Wheat	1 (0.3)
Earring	3 (1.0)	Walnut	1 (0.3)
Play dough	2 (0.7)	Onion	1 (0.3)
Screw	2 (0.7)	Cucumber	1 (0.3)
Aluminium foil	2 (0.7)	Pomegranate seeds	1 (0.3)
Safety pin	2 (0.7)	Rice	1 (0.3)
Magnet	1 (0.3)		
Wet wipes	1 (0.3)		
Eraser	1 (0.3)		
Total	194 (64.5)	Total	107 (35.5)

FB: Foreign body.

Beads (19.6%), nuts (9.6%), seed grains (9.6%) and plastic pieces (3.3%) were detected most frequently in the nose. Beads (9.6%), cotton (3.3%), insects (2.3%) and pencil tips (2.0%) were the most common in the ear. Fishbone (4.0%), nut shells such as sunflower seed shell (2.7%) and a piece of grass (0.3%) were removed from the throat. The distribution of FBs according to their locations is given in [Table 4](#) in detail.

In patients aged 0-5 years, beads (23.9%), nuts (12.3%), seed grains (10.3%), metal objects (3.0%), pieces of paper (3.0%) and paper napkins (2.7%) were detected. Beads (5.0%), fish bones (1.7%) and pencil tips (1.0%) were seen in children aged 6-11 years. Between the ages of 12-17, cotton (2.3%), fishbone (1.3%), nuts (0.7%), plastic pieces (0.7%) and insects (0.7%) were frequently removed. The distribution of FBs in patients according to age groups is given in [Table 5](#) in detail.

DISCUSSION

In this study, patients who were consulted to the ENT clinic for 1 year (January 2021-December 2021) from pediatric emergency outpatient clinics in a tertiary hospital were evaluated. The median age of the patients in our study was 3.0 (2.0-5.0) years, and male patients were more common than females (55.5% male, 44.5% female). Higo et al. reported that 67.7% of patients with FB were between the ages of 1-4 and it was most common at the age of 2 years.⁴ In the study of Aksakal, the mean age of children with FB was 3.98±2.61 years, and 48.5% of the patients were male and 51.2% were female.¹¹ In the study of Mukherjee et al., 59.72% of the cases were male, 58.3% were in the 0-5 age group, 33.33% were in the 6-10 age group, and 8.33% were over 10 years old.¹² In our study, it was determined that 79.4% of the patients were 0-5 years old, 13.3% were 6-11 years old, and 7.3% were 12-17 years old. Our findings were found to be compatible with the literature.

There are studies showing that FBs in the nose are more common in children under 6 years of age, and FBs in the ear and throat are more common in those over 7 years of age.¹²⁻¹⁵ In our study, while FB in the nose was frequently seen in the 0-5 age group (61.1%), it was determined that FB in the ear was more common in the patients aged 6-11 and 12-17 years (7.6% and 5.0%, respectively). FBs in the ENT are usually unilateral and are frequently seen on the right side.^{13,16,17} Similarly, in our study, FBs were mostly unilateral and frequently in the right ear, right nose, and right tonsil.

In previous studies, it is noteworthy that there is a difference in the frequency of localization of FBs in the ENT. In general, FBs in the throat are less common than those in the ears and nose. Endican et al. reported that FBs were found in 68.6% in the ear, 24.9% in the nose, and 2.5% in the throat.¹⁸ Similarly, in the study of Mangussi-Gomes et al., FBs were found in the ears (64.4%), nose (19.5%) and throat (8.9%).¹⁹ On the other hand, Aksakal reported that FBs were found in the nose in 58.7%, in the ears in 20.2%, and in the throat in 12.3% in children.¹¹ In the study of Mukherjee et al., FBs were found in the nose in 44.4% of the cases, in the ear in 38.9%, and in the

TABLE 4: Distribution of FBs by localization in patients.

	FB in the ear n (%)	FB in the nose n (%)	FB in the throat n (%)	Total n (%)
Bead	29 (9.6)	59 (19.6)	0 (0.0)	88 (29.2)
Nuts	4 (1.3)	29 (9.6)	8 (2.7)	41 (13.6)
Seed grains	4 (1.3)	29 (9.6)	0 (0.0)	33 (11.0)
Plastic parts	4 (1.3)	10 (3.3)	0 (0.0)	14 (4.7)
Cotton	10 (3.3)	3 (1.0)	0 (0.0)	13 (4.3)
Fishbone	0 (0.0)	0 (0.0)	12 (4.0)	12 (4.0)
Metal objects	3 (1.0)	8 (2.7)	0 (0.0)	11 (3.7)
Paper napkin	4 (1.3)	7 (2.3)	0 (0.0)	11 (3.7)
Paper	3 (1.0)	8 (2.7)	0 (0.0)	11 (3.7)
Pencil tip	6 (2.0)	2 (0.7)	0 (0.0)	8 (2.7)
Stone parts	3 (1.0)	4 (1.3)	0 (0.0)	7 (2.3)
Insects	7 (2.3)	0 (0.0)	0 (0.0)	7 (2.3)
Toy parts	1 (0.3)	6 (2.0)	0 (0.0)	7 (2.3)
Fruit and vegetable pieces	0 (0.0)	6 (2.0)	0 (0.0)	6 (2.0)
Sponge	0 (0.0)	5 (1.7)	0 (0.0)	5 (1.7)
Hair clip	0 (0.0)	5 (1.7)	0 (0.0)	5 (1.7)
Dress button	1 (0.3)	4 (1.3)	0 (0.0)	5 (1.7)
Grass	2 (0.7)	1 (0.3)	1 (0.3)	4 (1.3)
Rubber	0 (0.0)	4 (1.3)	0 (0.0)	4 (1.3)
Battery	1 (0.3)	2 (0.7)	0 (0.0)	3 (1.0)
Others	2 (0.7)	4 (1.3)	0 (0.0)	6 (2.0)
Total	84 (27.9)	196 (65.1)	21 (7.0)	301 (100)

FB: Foreign body.

throat in 16.7%.¹² In our study, 65.1% of FBs were found in the nose, 27.9% in the ear and 7.0% in the throat in children.

FB in ENT can be evaluated as inorganic or organic substances. In previous studies, it has been reported that inorganic substances are more common in the ear and nose.^{11,13,14,16,18,19} Organic materials such as fish bones, chicken bones and nut shells are frequently seen in the throat.^{4,11,18,19} In our study, 64.5% of the FBs removed from the patients were inorganic and 35.5% were organic materials. In our study, the most removed inorganic FBs were; beads (29.2%), paper-napkin (7.4%), cotton (4.3%), while the most removed organic FBs were; sunflower seed shell (8.0%), corn (5.6%), chickpea (5%) and fish bone (4.0%). Consistent with the literature in our study, inorganic substances were frequently seen in the ear and nose, and organic substances in the throat.

Different results are seen in studies on the frequency of FB types in the ear. Endican et al. reported

that 39.0% of stones, 20.0% of seeds, 9.8% of plastic ornamental beads and 6.8% of cases were cotton.¹⁸ In the study of Aksakal et al., it was 32.14% beads, 10.7% plastic toys, 8.3% insects, and 8.3% pieces of paper.¹¹ Schulze et al. reported that beads, paper, corn, and insects were frequently seen, while İlhan et al. reported that beads, seeds and plastic toy pieces were most frequently detected.^{14,16} In our study, the most common beads (9.6%), cotton (3.3%), insects (2.3%) and pencil tip (2.0%) were observed. FBs in the ear can usually be removed in the outpatient clinic with the help of otoscope or microscope. It may have to be removed under GA in deeply located and/or insufficiently cooperative children. The rate of administration of GA has been reported to be between 5.9% and 13.8%.^{11,18,20} In our study, 7 (2.3%) patients were treated under GA.

There are also different results in studies on the frequency of FB types in the nose. Endican et al. found common FBs 20.9% foam, 19.8% seeds,

TABLE 5: Distribution of foreign bodies by age range of patients.

	0-5 years n (%)	6-11 years n (%)	12-17 years	Total n (%)
Bead	72 (23.9)	15 (5.0)	1 (0.3)	88 (29.2)
Nuts	37 (12.3)	2 (0.7)	2 (0.7)	41 (13.6)
Seed grains	31 (10.3)	2 (0.7)	0 (0.0)	33 (11.0)
Plastic parts	10 (3.3)	2 (0.7)	2 (0.7)	14 (4.7)
Cotton	6 (2.0)	0 (0.0)	7 (2.3)	13 (4.3)
Fishbone	3 (1.0)	5 (1.7)	4 (1.3)	12 (4.0)
Metal objects	9 (3.0)	1 (0.3)	1 (0.3)	11 (3.7)
Paper napkin	8 (2.7)	2 (0.7)	1 (0.3)	11 (3.7)
Paper	9 (3.0)	2 (0.7)	0 (0.0)	11 (3.7)
Pencil tip	4 (1.3)	3 (1.0)	1 (0.3)	8 (2.7)
Toy parts	6 (2.0)	1 (0.3)	0 (0.0)	7 (2.3)
Insects	4 (1.3)	1 (0.3)	2 (0.7)	7 (2.3)
Stone parts	7 (2.3)	0 (0.0)	0 (0.0)	7 (2.3)
Fruit and vegetable pieces	6 (2.0)	0 (0.0)	0 (0.0)	6 (2.0)
Sponge	5 (1.7)	0 (0.0)	0 (0.0)	5 (1.7)
Dress button	3 (1.0)	2 (0.7)	0 (0.0)	5 (1.7)
Hair clip	5 (1.7)	0 (0.0)	0 (0.0)	5 (1.7)
Rubber	4 (1.3)	0 (0.0)	0 (0.0)	4 (1.3)
Grass	3 (1.0)	0 (0.0)	1 (0.3)	4 (1.3)
Battery	2 (0.7)	1 (0.3)	0 (0.0)	3 (1.0)
Others	5 (1.7)	1 (0.3)	0 (0.0)	6 (2.0)
Total	239 (79.4)	40 (13.3)	22 (7.3)	301 (100)

10.9% stones and 9.3% ornamental beads.¹⁸ In the study of Aksakal, beads were 30.8%, followed by chickpeas with 8.8% and beans with 7.1%.¹¹ Uğur reported that the most common FBs removed from the nose were beads (38.1%), seeds (16.7%) and nuts (10.4%).¹³ In our study, beads (19.6%), nuts (9.6%), seed grains (9.6%) and plastic pieces (3.3%) were detected most frequently in the nose. Patients with a FB in the nose can often be intervened in the outpatient clinic under direct vision and/or with the help of an endoscope. Endoscopes play a very important role in detecting deeply located FBs or eliminating the suspicion of FBs. It has been reported that between 1.4% and 4.7% of FBs in the nose are removed under GA.^{11,13,18} In our study, 2 patients (0.7%) with beads in one and safety pins in the other were treated under GA.

Fish bone (63%-90.2%) is the most common FB removed from the throat. Apart from this, FBs such as sunflower seed shell, toy pieces, metal wire, and

pins have also been reported.^{4,11,15,19} In our study, fishbone (4.0%), sunflower seed shell (2.7%) and a piece of grass (0.3%) were removed from the throat. FB was found in the right tonsil in 4.0% of the patients, in the left tonsil in 2.3% and in the larynx in 0.7% of the patients. All FBs were removed with the help of a forceps under direct vision in the outpatient clinic.

The most serious complications of FBs in the nose are posterior displacement and aspiration. FBs that remain unnoticed in the nose may cause persistent foul-smelling discharge, bleeding and rhinolith formation in the long term.^{9,21,22} Complications such as external ear canal laceration, bleeding, infection, and eardrum perforation may be seen in FBs in the ear.^{15,23} In addition, trauma caused by FB removal attempts or the FB itself, infection, nasal septum perforation and choanal stenosis can be counted as other FB complications. Button batteries, which can be found especially in toys, are interesting for children due to their small size and bright appearance and are

quite dangerous. Batteries can cause severe necrosis and tissue destruction in their environment due to low-voltage electric currents, sodium hydroxide release from electrolysis, and chlorine gas.^{24,25} In our study, button battery was found in the nose in 2 (0.7%) patients and in the ear in 1 (0.3%) patient. In these patients, the batteries were detected in the early period and were removed without any complications. In order to prevent complications in children, the emergency room doctor should be careful, avoid repetitive interventions, and in doubtful cases, the opinion of an ENT specialist should be sought.

The limitations of our study are that it is single-centered and retrospective. In addition, the small number of our patients and the fact that only patients for whom ENT consultation was requested can be counted among the limitations.

CONCLUSION

As a result, FBs in ENT are among the frequent accidents in children. The most common admission to emergency services in children due to FBs is due to FBs in the nose. FBs are frequently seen between the ages of 0-5, which is the age of play and when inter-

action with the environment begins. The most common FBs are beads, seed grains and nuts. Parents and caregivers should be informed and educated about common foreign objects, age-appropriate toys and household items that need attention.

Source of Finance

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Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: Fatih Yüksel, Cüneyt Uğur; **Design:** Fatih Yüksel, Cüneyt Uğur; **Control/Supervision:** Fatih Yüksel; **Data Collection and/or Processing:** Cüneyt Uğur; **Analysis and/or Interpretation:** Fatih Yüksel, Cüneyt Uğur; **Literature Review:** Fatih Yüksel; **Writing the Article:** Fatih Yüksel, Cüneyt Uğur; **Critical Review:** Cüneyt Uğur.

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