

World Journal of *Clinical Cases*

World J Clin Cases 2021 October 26; 9(30): 8953-9319



Contents

Thrice Monthly Volume 9 Number 30 October 26, 2021

REVIEW

- 8953 Endothelial progenitor cells and coronary artery disease: Current concepts and future research directions
Xiao ST, Kuang CY

MINIREVIEWS

- 8967 Regulation of bone metabolism mediated by β -adrenergic receptor and its clinical application
Zhong XP, Xia WF
- 8974 Tricuspid valve endocarditis: Cardiovascular imaging evaluation and management
Fava AM, Xu B

ORIGINAL ARTICLE

Case Control Study

- 8985 Novel application of multispectral refraction topography in the observation of myopic control effect by orthokeratology lens in adolescents
Ni NJ, Ma FY, Wu XM, Liu X, Zhang HY, Yu YF, Guo MC, Zhu SY

Retrospective Cohort Study

- 8999 Uncertainty in illness and coping styles: Moderating and mediating effects of resilience in stroke patients
Han ZT, Zhang HM, Wang YM, Zhu SS, Wang DY

Retrospective Study

- 9011 Development and validation of a prognostic nomogram model for Chinese patients with primary small cell carcinoma of the esophagus
Zhang DY, Huang GR, Ku JW, Zhao XK, Song X, Xu RH, Han WL, Zhou FY, Wang R, Wei MX, Wang LD
- 9023 Preliminary establishment of a spinal stability scoring system for multiple myeloma
Yao XC, Shi XJ, Xu ZY, Tan J, Wei YZ, Qi L, Zhou ZH, Du XR
- 9038 Effect of intrauterine perfusion of granular leukocyte-colony stimulating factor on the outcome of frozen embryo transfer
Zhu YC, Sun YX, Shen XY, Jiang Y, Liu JY
- 9050 "An integrated system, three separated responsibilities", a new fever clinic management model, in prevention and control of novel coronavirus pneumonia
Shen J, He Q, Shen T, Wu ZQ, Tan MM, Chen YL, Weng Q, Nie LM, Zhang HF, Zheng B, Zhang J

Clinical Trials Study

- 9059** Single dose dexamethasone prophylaxis of postembolisation syndrome after chemoembolisation in hepatocellular carcinoma patient: A randomised, double-blind, placebo-controlled study
Sainamthip P, Kongphanich C, Prasongsook N, Chirapongsathorn S

Observational Study

- 9070** Serum calcium, albumin, globulin and matrix metalloproteinase-9 levels in acute cerebral infarction patients
Zhong TT, Wang G, Wang XQ, Kong WD, Li XY, Xue Q, Zou YA

SYSTEMATIC REVIEWS

- 9077** Neoadjuvant radiotherapy dose escalation for locally advanced rectal cancers in the new era of radiotherapy: A review of literature
Delishaj D, Fumagalli IC, Ursino S, Cristaudo A, Colangelo F, Stefanelli A, Alghisi A, De Nobili G, D'Amico R, Cocchi A, Ardizzoia A, Soatti CP

META-ANALYSIS

- 9090** Clinical significance of breast cancer susceptibility gene 1 expression in resected non-small cell lung cancer: A meta-analysis
Gao Y, Luo XD, Yang XL, Tu D

CASE REPORT

- 9101** Particular tumor of the pancreas: A case report
Zhu MH, Nie CF
- 9108** Dynamic changes in the radiologic manifestation of a recurrent checkpoint inhibitor related pneumonitis in a non-small cell lung cancer patient: A case report
Tan PX, Huang W, Liu PP, Pan Y, Cui YH
- 9114** Spontaneous rupture of a mucinous cystic neoplasm of the liver resulting in a huge biloma in a pregnant woman: A case report
Kośnik A, Stadnik A, Szczepankiewicz B, Patkowski W, Wójcicki M
- 9122** Diagnosis and laparoscopic excision of accessory cavitated uterine mass in a young woman: A case report
Hu YL, Wang A, Chen J
- 9129** Unusual cervical foreign body - a neglected thermometer for 5 years: A case report
Yang L, Li W
- 9134** Long-term survival of a patient with pancreatic cancer and lung metastasis: A case report and review of literature
Yang WW, Yang L, Lu HZ, Sun YK
- 9144** Synchronous diagnosis and treatment of acute myeloid leukemia and chronic lymphocytic leukemia: Two case reports
Chen RR, Zhu LX, Wang LL, Li XY, Sun JN, Xie MX, Zhu JJ, Zhou D, Li JH, Huang X, Xie WZ, Ye XJ

- 9151** Conversion therapy of hepatic artery ligation combined with transcatheter arterial chemoembolization for treating liver cancer: A case report
Feng GY, Cheng Y, Xiong X, Shi ZR
- 9159** Hemophagocytic lymphohistiocytosis secondary to composite lymphoma: Two case reports
Shen J, Wang JS, Xie JL, Nong L, Chen JN, Wang Z
- 9168** Fatal visceral disseminated varicella-zoster virus infection in a renal transplant recipient: A case report
Wang D, Wang JQ, Tao XG
- 9174** Choriocarcinoma misdiagnosed as cerebral hemangioma: A case report
Huang HQ, Gong FM, Yin RT, Lin XJ
- 9182** Rapid progression of colonic mucinous adenocarcinoma with immunosuppressive condition: A case report and review of literature
Koseki Y, Kamimura K, Tanaka Y, Ohkoshi-Yamada M, Zhou Q, Matsumoto Y, Mizusawa T, Sato H, Sakamaki A, Umezu H, Yokoyama J, Terai S
- 9192** Temporary pacemaker protected transjugular intrahepatic portosystemic shunt in a patient with acute variceal bleeding and bradyarrhythmia: A case report
Yao X, Li SH, Fu LR, Tang SH, Qin JP
- 9198** Recurrent pyogenic liver abscess after pancreatoduodenectomy caused by common hepatic artery injury: A case report
Xie F, Wang J, Yang Q
- 9205** Transient ventricular arrhythmia as a rare cause of dizziness during exercise: A case report
Gao LL, Wu CH
- 9211** Successful management of infected right iliac pseudoaneurysm caused by penetration of migrated inferior vena cava filter: A case report
Weng CX, Wang SM, Wang TH, Zhao JC, Yuan D
- 9218** Anterior abdominal abscess - a rare manifestation of severe acute pancreatitis: A case report
Jia YC, Ding YX, Mei WT, Xue ZG, Zheng Z, Qu YX, Li J, Cao F, Li F
- 9228** Monteggia type-I equivalent fracture in a fourteen-month-old child: A case report
Li ML, Zhou WZ, Li LY, Li QW
- 9236** Diagnosis and treatment of primary pulmonary enteric adenocarcinoma: Report of Six cases
Tu LF, Sheng LY, Zhou JY, Wang XF, Wang YH, Shen Q, Shen YH
- 9244** Choroidal metastatic mucinous abscess caused by *Pseudomonas aeruginosa*: A case report
Li Z, Gao W, Tian YM, Xiao Y
- 9255** Diagnosis and treatment of acute graft-versus-host disease after liver transplantation: Report of six cases
Tian M, Lyu Y, Wang B, Liu C, Yu L, Shi JH, Liu XM, Zhang XG, Guo K, Li Y, Hu LS

- 9269** Hepatic portal venous gas without definite clinical manifestations of necrotizing enterocolitis in a 3-day-old full-term neonate: A case report
Yuan K, Chen QQ, Zhu YL, Luo F
- 9276** Emergence of lesions outside of the basal ganglia and irreversible damage to the basal ganglia with severe β -ketothiolase deficiency: A case report
Guo J, Ren D, Guo ZJ, Yu J, Liu F, Zhao RX, Wang Y
- 9285** Skeletal muscle metastasis with bone metaplasia from colon cancer: A case report and review of the literature
Guo Y, Wang S, Zhao ZY, Li JN, Shang A, Li DL, Wang M
- 9295** Biopsy-confirmed fenofibrate-induced severe jaundice: A case report
Lee HY, Lee AR, Yoo JJ, Chin S, Kim SG, Kim YS
- 9302** Missense mutation in *DYNC1H1* gene caused psychomotor developmental delay and muscle weakness: A case report
Ding FJ, Lyu GZ, Zhang VW, Jin H
- 9310** Isolated hepatic tuberculosis associated with portal vein thrombosis and hepatitis B virus coinfection: A case report and review of the literature
Zheng SM, Lin N, Tang SH, Yang JY, Wang HQ, Luo SL, Zhang Y, Mu D

ABOUT COVER

Editorial Board Member of *World Journal of Clinical Cases*, Rahul Gupta, MBBS, MCh, MD, Assistant Professor, Chief Doctor, Consultant Physician-Scientist, Surgeon, Department of Gastrointestinal Surgery, Synergy Institute of Medical Sciences, Dehradun 248001, Uttarakhand, India. rahul.g.85@gmail.com

AIMS AND SCOPE

The primary aim of *World Journal of Clinical Cases* (WJCC, *World J Clin Cases*) is to provide scholars and readers from various fields of clinical medicine with a platform to publish high-quality clinical research articles and communicate their research findings online.

WJCC mainly publishes articles reporting research results and findings obtained in the field of clinical medicine and covering a wide range of topics, including case control studies, retrospective cohort studies, retrospective studies, clinical trials studies, observational studies, prospective studies, randomized controlled trials, randomized clinical trials, systematic reviews, meta-analysis, and case reports.

INDEXING/ABSTRACTING

The WJCC is now indexed in Science Citation Index Expanded (also known as SciSearch®), Journal Citation Reports/Science Edition, Scopus, PubMed, and PubMed Central. The 2021 Edition of Journal Citation Reports® cites the 2020 impact factor (IF) for WJCC as 1.337; IF without journal self cites: 1.301; 5-year IF: 1.742; Journal Citation Indicator: 0.33; Ranking: 119 among 169 journals in medicine, general and internal; and Quartile category: Q3. The WJCC's CiteScore for 2020 is 0.8 and Scopus CiteScore rank 2020: General Medicine is 493/793.

RESPONSIBLE EDITORS FOR THIS ISSUE

Production Editor: Ji-Hong Lin; Production Department Director: Yun-Jie Ma; Editorial Office Director: Jin-Lei Wang.

NAME OF JOURNAL

World Journal of Clinical Cases

ISSN

ISSN 2307-8960 (online)

LAUNCH DATE

April 16, 2013

FREQUENCY

Thrice Monthly

EDITORS-IN-CHIEF

Dennis A Bloomfield, Sandro Vento, Bao-Gan Peng

EDITORIAL BOARD MEMBERS

<https://www.wjgnet.com/2307-8960/editorialboard.htm>

PUBLICATION DATE

October 26, 2021

COPYRIGHT

© 2021 Baishideng Publishing Group Inc

INSTRUCTIONS TO AUTHORS

<https://www.wjgnet.com/bpg/gerinfo/204>

GUIDELINES FOR ETHICS DOCUMENTS

<https://www.wjgnet.com/bpg/GerInfo/287>

GUIDELINES FOR NON-NATIVE SPEAKERS OF ENGLISH

<https://www.wjgnet.com/bpg/gerinfo/240>

PUBLICATION ETHICS

<https://www.wjgnet.com/bpg/GerInfo/288>

PUBLICATION MISCONDUCT

<https://www.wjgnet.com/bpg/gerinfo/208>

ARTICLE PROCESSING CHARGE

<https://www.wjgnet.com/bpg/gerinfo/242>

STEPS FOR SUBMITTING MANUSCRIPTS

<https://www.wjgnet.com/bpg/GerInfo/239>

ONLINE SUBMISSION

<https://www.f6publishing.com>



Unusual cervical foreign body - a neglected thermometer for 5 years: A case report

Liu Yang, Wen Li

ORCID number: Liu Yang 0000-0003-4020-5847; Wen Li 0000-0002-1747-9594.

Author contributions: Yang L designed the work and drafted the paper; all authors contributed to the revision and final approval of the paper; all authors have read and approved the final manuscript.

Informed consent statement:

Written informed consent was obtained from the patient for the publication of the case report and the accompanying images.

Conflict-of-interest statement: The authors declare that they have no conflict of interest to report.

CARE Checklist (2016) statement:

The authors have read the CARE Checklist (2016), and the manuscript was prepared and revised according to the CARE Checklist (2016).

Open-Access: This article is an open-access article that was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution NonCommercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works

Liu Yang, Wen Li, Department of Otolaryngology and Head & Neck Surgery, West China Hospital, Sichuan University, Chengdu 610041, Sichuan Province, China

Corresponding author: Wen Li, MD, PhD, Assistant Professor, Surgeon, Department of Otolaryngology and Head & Neck Surgery, West China Hospital, Sichuan University, No. 37 E Guoxue Alley, Chengdu 610041, Sichuan Province, China. church.ent.wc@163.com

Abstract

BACKGROUND

Foreign body in the deep neck is mostly associated with accidental ingestion of the animal spiculate bone which penetrates the full-thickness of the aerodigestive tract into the fascial spaces of the neck. In general, perforation of the esophagus often results in periesophagitis and even fatal abscesses. The presence of a giant foreign body in the neck without obvious symptoms or complications for many years is rare.

CASE SUMMARY

We present the case of a 32-year-old man who intentionally swallowed a thermometer which was unable to be located by endoscopy at his initial visit. He had no remarkable symptoms for 5 years other than paresthesia and limited movement of the left neck until 7 d before this admission. The foreign body was removed successfully by the surgery.

CONCLUSION

The presence of a giant foreign body in the neck without obvious symptoms or complications for many years is rare. Both endoscopic and radiological examinations are essential for the diagnosis of alimentary foreign bodies.

Key Words: Cervical foreign body; Thermometer ingestion; Neck radiography; Open neck surgery; Case report

©The Author(s) 2021. Published by Baishideng Publishing Group Inc. All rights reserved.

Core Tip: Foreign body in the deep neck is mostly associated with accidental ingestion of the animal spiculate bone. These emergency accidents need timely diagnosis and treatment, otherwise they might cause fatal complications such as neck abscess or

on different terms, provided the original work is properly cited and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>

Manuscript source: Unsolicited manuscript

Specialty type: Surgery

Country/Territory of origin: China

Peer-review report's scientific quality classification

Grade A (Excellent): A

Grade B (Very good): 0

Grade C (Good): C

Grade D (Fair): 0

Grade E (Poor): 0

Received: June 3, 2021

Peer-review started: June 3, 2021

First decision: June 25, 2021

Revised: June 26, 2021

Accepted: August 18, 2021

Article in press: August 18, 2021

Published online: October 26, 2021

P-Reviewer: Chen Y, Liakina V

S-Editor: Yan JP

L-Editor: Wang TQ

P-Editor: Liu JH



macrovascular injury. We present the case of a 32-year-old man who intentionally swallowed a thermometer which was unable to be located by endoscopy at his initial visit. He had no remarkable symptoms for 5 years as the long-term retention of the foreign body resulted in the formation of the surrounding fibrous membrane. This case implies that both endoscopic and radiological examinations are essential for the diagnosis of alimentary foreign bodies.

Citation: Yang L, Li W. Unusual cervical foreign body - a neglected thermometer for 5 years: A case report. *World J Clin Cases* 2021; 9(30): 9129-9133

URL: <https://www.wjgnet.com/2307-8960/full/v9/i30/9129.htm>

DOI: <https://dx.doi.org/10.12998/wjcc.v9.i30.9129>

INTRODUCTION

Most of the foreign bodies deep in the neck are related to the accidental swallowing of sharp bones of animals. Timely diagnosis and treatment are critical, otherwise neck abscess, bleeding, and other fatal complications could not be avoided. The presence of a foreign body deep in the neck without obvious history, symptoms, signs, and complications for many years is extremely rare. Here we report a patient who intentionally swallowed a mercury thermometer, which was embedded in the neck without obvious symptoms for 5 years. This case implies that both endoscopic and radiological examinations are essential for the diagnosis of alimentary foreign bodies. A foreign body entrapped by thick fibrous tissue can be ignored in an asymptomatic carrier, resulting in long-term retention.

CASE PRESENTATION

Chief complaints

A 32-year-old man with a history of drug abuse presented to the emergency department with deterioration of paresthesia and limited movement of the left neck for 7 d.

History of present illness

The patient had slight paresthesia of the neck for 5 years. Seven days before this admission, the symptom became intolerable and was accompanied by a limited movement of the neck after an acute upper respiratory tract infection. He perceived a foreign body existing on the left side of the neck and the feeling was severe while coughing or swallowing.

History of past illness

The patient had no history of neck trauma, cervical spondylosis, or contagious diseases.

Personal and family history

The patient was a heroin abuser 5 years ago and achieved successful detoxification for 2 years. He had no family history of hereditary diseases.

Physical examination

There was no abnormality in vital signs. Physical examination revealed only mild pain during the palpation of the left neck, and a rod-shaped solid substance was touched. Its location was parallel with the long axis of the left cervical artery.

Laboratory examinations

A blood test revealed a slightly elevated C-reactive protein level (1.53 mg/dL) and white blood cell count ($10.94 \times 10^9/L$). Other blood test results were normal.

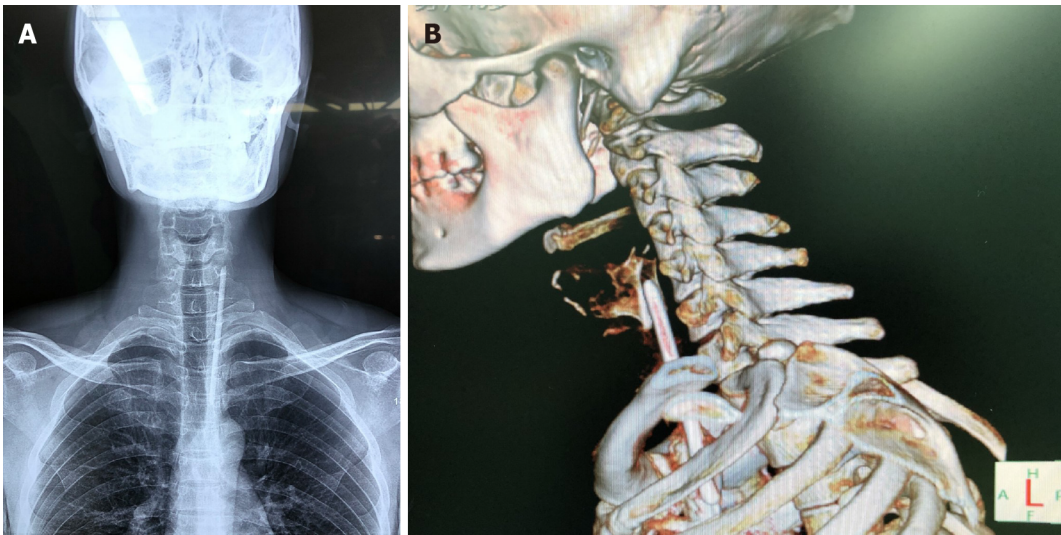


Figure 1 Rod-shaped foreign body extending from the left pyriform sinus to the mediastinum. A: X-ray plain film; B: Three-dimensional reconstructive image.

Imaging examinations

The radiological examination showed that a rod-shaped foreign body was diagonally located in the anterior region of the neck and the lower end of the rod extended to the thorax (Figure 1) and computed tomography revealed a high density extending from the cervical region to the upper mediastinal area (Figure 2).

Further diagnostic work-up

Because of the unexpected imaging findings, further medical history was acquired. He finally admitted that he deliberately swallowed a segment of mercury thermometer after he broke a mercury thermometer and poured out the mercury 5 years ago under the influence of drugs when he was alone. He was sent to the emergency department immediately to undergo an endoscopy after he told his family about the accident. But neither a foreign body nor trauma or perforation was found. He did not receive further examinations or treatments because the clinician thought that he was talking nonsense under the influence of drugs, and the patient's symptoms were tolerable until 7 d before this admission.

FINAL DIAGNOSIS

The final diagnosis was esophageal perforation caused by a cervical foreign body.

TREATMENT

The patient was admitted to the Otolaryngology and Head & Neck Surgery Department for surgery. Lateral neck incision for foreign body exploration was proposed, and performed after informed consent was obtained from the patient.

OUTCOME AND FOLLOW-UP

The surgical field displayed that the thermometer was outside the esophageal wall and was located in the left tracheoesophageal groove and wrapped in the fibrous membrane. The foreign body was removed successfully (Figure 3). The incision primarily healed and he was discharged after 5 d with no complications.

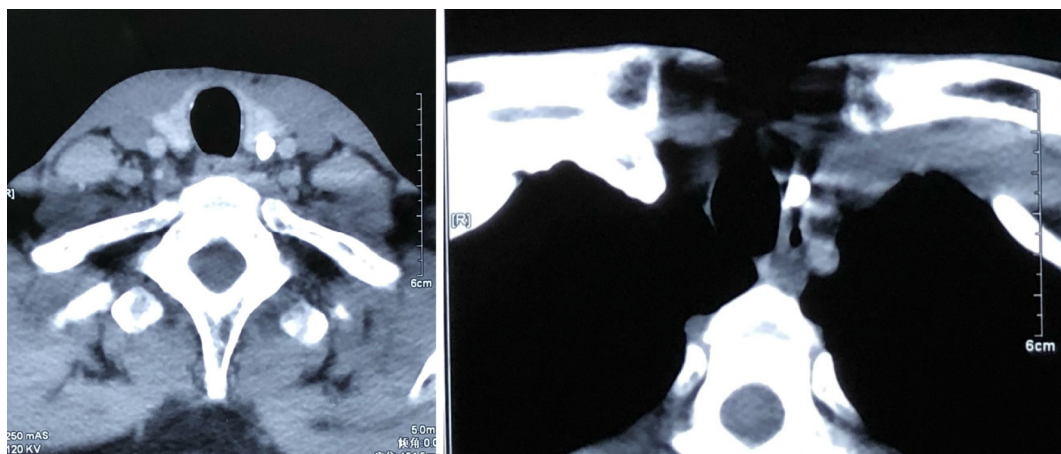


Figure 2 Axial cervical computed tomography scan demonstrated a high density in the anterior area of the neck and the upper mediastinal area and near the left arteria carotis communis.

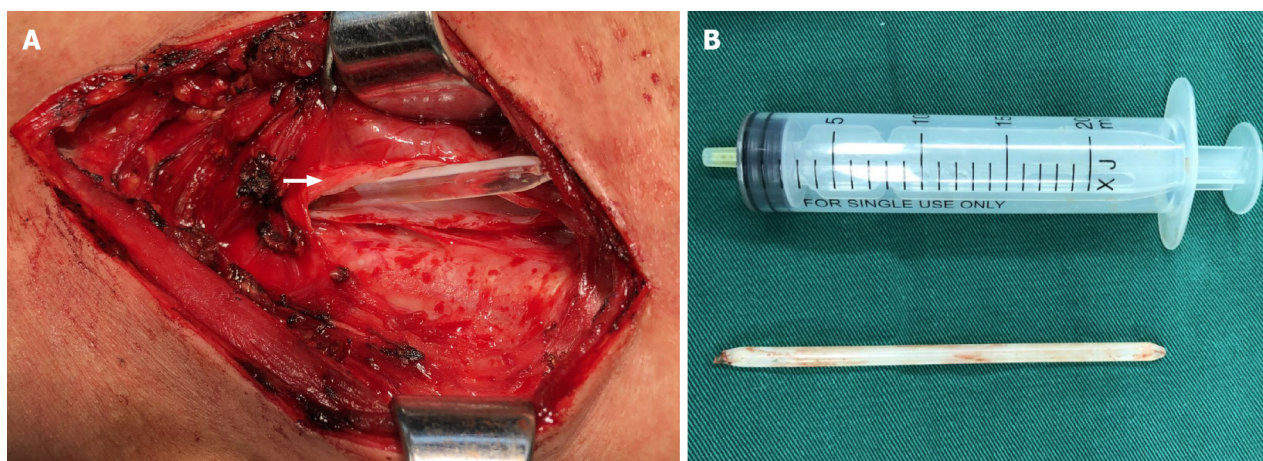


Figure 3 The location and dimension of the thermometer. A: The thermometer was wrapped in a dense fibrous envelope (white arrow); B: Dimension of the thermometer.

DISCUSSION

Metallic or plastic foreign bodies of small size can persist in the deep neck without infection and symptoms for a long time[1,2]. In general, perforation of the esophagus often results in periesophagitis and even fatal abscesses[3]. But it is not the case for this patient, in whom the thermometer could be detected because of symptoms and signs after his self-mutilation swallowing. It was supposed that the residual mercury of the broken thermometer played the role of disinfection and promoted esophageal perforation healing[4]. In addition, the glass material and smooth surface of the thermometer also facilitated the fibrous envelop formation. This resulted in a lack of symptoms and delay in diagnosis and treatment. Furthermore, a radiological examination did not find the segment of the thermometer, which also constituted a flaw in the diagnostic procedure. Both this case and the previous similar cases imply that the slender and giant foreign body with spiculate end might penetrate the fascial spaces of the neck through the indiscoverable puncture hole[5].

A technical point to be emphasized is the management of the lower end of the thermometer. Frankly, it is hard to tell if the sharp tip of the thermometer has penetrated the wall of the aortic arch. This made massive hemorrhage possible during the removal of the thermometer. The dense fibrous wall around the thermometer made us believe that if there was bleeding, the dense fibrous capsule channel in the middle of the neck was the most likely way of drainage, which made the bleeding easy to control, because the lower end would also be welded to the aortic arch by dense fibrous tissue.

CONCLUSION

This case extended our knowledge about a sharp esophageal foreign body of big size. Emergency doctors should pay attention to the medical history of the patients and find the whereabouts of a foreign body. Both endoscopy and radiological examination are essential for the diagnosis of alimentary foreign bodies.

REFERENCES

- 1 **Li M**, Xiang X, Li W, Lei D. [Foreign body in neck for 40 years with nodular goiter: 1 case report]. *Zhonghua Er Bi Yan Hou Tou Jing Wai Ke Za Zhi* 2014; **49**: 960 [PMID: [25598380](#) DOI: [10.3760/cma.j.issn.1673-0860.2014.11.018](#)]
- 2 **Ozturk K**, Turhal G, Gode S, Yavuzer A. Migration of a swallowed blunt foreign body to the neck. *Case Rep Otolaryngol* 2014; **2014**: 646785 [PMID: [24592347](#) DOI: [10.1155/2014/646785](#)]
- 3 **Peng A**, Li Y, Xiao Z, Wu W. Study of clinical treatment of esophageal foreign body-induced esophageal perforation with lethal complications. *Eur Arch Otorhinolaryngol* 2012; **269**: 2027-2036 [PMID: [22407191](#) DOI: [10.1007/s00405-012-1988-5](#)]
- 4 **Batchu H**, Chou HN, Rakowski D, Fan PL. The effect of disinfectants and line cleaners on the release of mercury from amalgam. *J Am Dent Assoc* 2006; **137**: 1419-1425 [PMID: [17012722](#) DOI: [10.14219/jada.archive.2006.0055](#)]
- 5 **Fine S**, Watson JB, Habr F. Now you see it, endo you don't: case of the disappearing knife. *Gastroenterology* 2013; **144**: e6-e7 [PMID: [23623879](#) DOI: [10.1053/j.gastro.2013.01.059](#)]



Published by **Baishideng Publishing Group Inc**
7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA

Telephone: +1-925-3991568

E-mail: bpgoffice@wjgnet.com

Help Desk: <https://www.f6publishing.com/helpdesk>

<https://www.wjgnet.com>

