

Picture-story

Fish bone migration

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A 40-year old woman was referred from the ENT clinic to the Department of Rheumatology and Rehabilitation with a 1-month history of neck pain that started after swallowing a fish bone. There was tenderness over the right shoulder and her neck movements were limited. She was prescribed paracetamol and an xray was requested to exclude a cervical rib or cervical spondylosis. The xray confirmed cervical spondylosis. She was prescribed a non-steroidal anti-inflammatory drug. After another week, a linear object was felt subcutaneously over the right shoulder at the tender site. A repeat xray showed a linear opacity. Five days later a fish bone 2.5 cm long was removed under local anaesthesia (Figure 1, 2 and 3).

There have been several published reports of fish bone migration. Subcutaneous tissue of the neck, thyroid gland and the oesophagus (causing perforation and cardiac tamponade) are some of the reported sites (1,2). Radiological examination is useful to confirm and locate a migrated fish bone.

References

1. Canbay E, Prinsley P. Radiology case of the month. The case of a migrating fish bone. *Journal of Otolaryngology* 1993; **22**: 132-3.
2. Sharland MG, Mc Caughan BC. Perforation of the esophagus by a fish bone leading to cardiac tamponade. *Annals of Thoracic Surgery* 1993; **56**: 969-71.

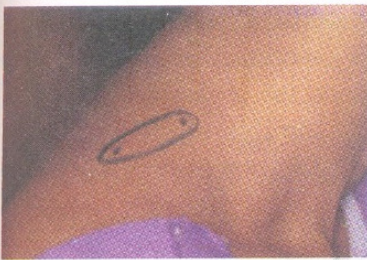


Figure 1.

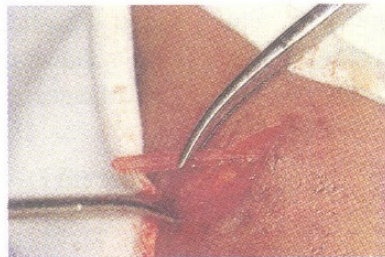


Figure 2.

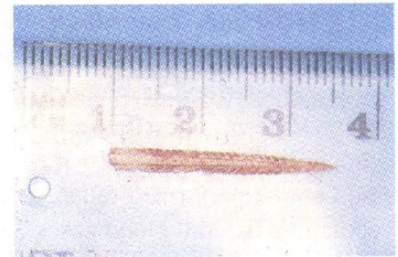


Figure 3.

Figures 1, 2 and 3 show the palpable linear object in the neck outlined by marking ink, its surgical delivery and the extracted fish bone (scale cm).

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