AN UNUSUAL UNEXPECTED NIGHT CRAWLER INTO THE EAR, A COCKROACH

Abstract

Foreign body (FB) is a common feature seen in kids in the causality and medical emergencies(1,2). It can range from different forms, like inert small rounded objects such as beads and buttons, to small vegetables and cotton pads(2). In adults, it is unusual to be seen, unless the adult is mentally retarded (MR) and unaware of that totally and its consequences.

I am reporting a case I have encountered in my clinical setting practice.

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Case Report

A young male adult in his late thirty presented to me, at the private clinical dermatological setting dated back in 2006, in Tripoli, with the complaint that a cockroach has crawled inside his left ear, while he was sleeping at night. The patient was certain it is a cockroach. I was astonished and incredulous with his presentation at first as i never encountered such incident before and I was not sure of his complaint until I had my Auroscope (Earscope) in his external auditory meatus, and then I realised it was truly and literally as the man explained. A cockroach had died as it could not manage to move out and got trapped in and finally died. This can be explained due to the fact of the anatomical reasons, that the cockroach was unable to back out of the external auditory canal, and the more it tries to back out, the more stuck it becomes.

I have managed to visualise a single medium sized death cockroach occupying a greater part of the auditory canal. But the question, why a cockroach chose to go into that tiny canal, Ido not know and I do not have an explanation.

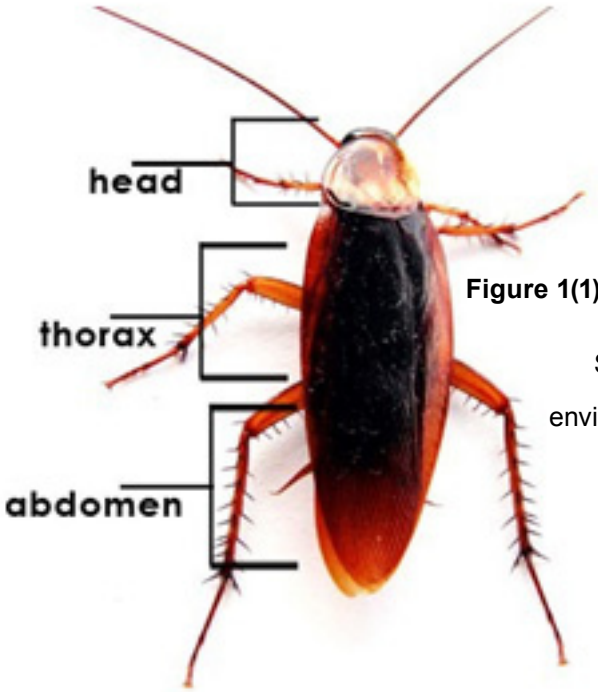

Figure 1(1): - Cockroach parts.

Source: http://science.howstuffworks.com/environmental/life/zoology/insects-arachnids/cockroach1.htm

Figure 2: Image of the cockroach impacted inside the left ear

The man presented with no pain, no discharge (otorrhoea), no tinnitus, and no noticeable impairment of hearing. His only complaint is a feeling like heaviness and discomfort inside his left ear and he wanted that cockroach to be taken out straight away. He was actually funny and laughing about his presentation and seemed he had such an accident before as he was not in a state of shock at all. The man once he walked in the clinic to seek a medical help, he told me it is a cockroach inside his ear that crawled at night while he is sleeping.

On examination, the man was totally calm and tranquil. His vital signs were normal. The left ear physically

looked normal. However, the external acoustic meatus displayed a blotchy brownish object with brownish 'brush like' projections in the inferior aspect of the canal (Figure 2).

Before endeavouring any attempt for extraction, I examined the ear under good direct lighting, to see how the cockroach could be handled.

I scoffed also, particularly when I saw a meatus filled apparently with a single dead cockroach in t. I then had the aural forceps carefully and gently holding the deas cockroach's abdomen end part (trunk) and pull him gently out, and luckily it came out in one piece (Figure 1). Some state that a cockroach is a kind of crustacean insect (segmented bodies and legs, and a hard outer skeleton), where a break of legs could happen which would mean removal piece by piece. Following removal, I then had examined the ear drum to ensure that it is shining normal and that the canal was not injured, and luckily I could see no abnormality inside. Hearing was perfectly normal. The patient felt a great relief once the cockroach was out and laughed at seeing it held in the aural forceps.

I was really surprised by the body of the impacted cockroach upon its removal. And I was anxious that any attempted removal may leave some retained material behind as this would necessitate piecemeal removal which is both time consuming and uncomfortable for the patient.

It is well documented in the literature that water syringing is not advisable in such cases as it would cause some slight shifts; however attempting to extract the object gently is the best solution, and the instrument will be of a single service, as without extraction, the cockroach would not be removed at all. The general knowledge for surgeons is however for syringing to be efficacious, which proved of no avail(1). Some other authors argue the approach of applying forceps extractions and favours water syringing(4).

If however, syringing is considered, it must be accomplished cautiously, chiefly in the presence of asymmetrical objects which may damage the tympanic membrane or in the case of organic material where it may expand, inflicting an irritation to the canal and making later extraction complicated and impossible.

I placed the patient on a short course of oral antibiotics just to avoid the possibility of secondary bacterial infection in the canal due to the manipulation incurred while extracting. He came back for follow up and was perfectly fine and content.

The points to my personal interest that this young man walked in smiling, and seemed not bothered at all, and has no complaints at all, but just felt uneasiness and blockage and wanted that cockroach to be extracted.

The unskilful use of forceps in such cases where the object could be impacted deeply, extraction of the foreign object from the ear, could cause injuries and lacerations to the lining membrane of the external canal. However in such a case, it was a simple, straight forward, and I was contented as well as the patient, with the outcomes.

It was good that the man presented very early upon the incident where any delay would cause inflammation due to the irritation of the impacted body inside the ear.

In case the insect is still alive and the patient presented instantly, then the insects should be killed prior to removal, by applying mineral oil or aqueous lignocaine(3). This will relieve the patient's symptoms and facilitates the insect removal.

Finally if the case was unsuccessful, then it should be referred instantaneously to the specialist setting with the accessibility of magnified direct vision, microscope, suction and specialised instrumentation.

Discussion

This case I have reported on account of its rarity and scarcity, to share knowledge and convey the approach Ihave taken to manage it. Searching the literature has documented some old cases of impacted cockroach in the external ear which crawled in while the case was sleeping(1, 4).

Foreign bodies in the external auditory canal are a frequent and challenging presentation to emergency departments and mostly reported in young children from different countries; however the adult experience is not that well documented nor acknowledged(2).

Most aural foreign bodies are seen within 'twenty-four' hours of insertion both in cases of self-referral(1) and in this case report, the patient was a self-referral.

However it is common for an object which is not causing significant symptoms to stay behind in the canal for a long period of time if the patient did not notice or feel anything. This would make removal later harder and impossible. Adults are often embarrassed to present with such incidents(2, 3).

Patients should be encouraged to seek medical elimination at an early stage, predominantly in the case of vegetative or animate foreign body. The necessity for removal can then be customized according to the object present(2).

This brings to an end that foreign bodies (FB) are frequent in the both the paediatric and possibly adult external auditory canal, with however difference in the nature of the objects between the two groups and possibly between different countries and backgrounds and its reporting. This can result in significant

complications if it was not recognised and removed at earlier stages of the condition(2).

References

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