Foreign bodies injuries during COVID-19 Pandemic. The preventible traumas

Lesões por corpos estranhos durante a Pandemia da COVID-19. Os traumas evitáveis

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ABSTRACT
As part of the closure of educational institutions to mitigate the spread of COVID-19, children were forced to spend more time at home, and often in very small dwellings, leading to a rapid increase in incidents involving foreign bodies in the natural orifices of the head and neck. In countries with total blockade, the children were at home with their parents and the level of vigilance was higher, but in countries where there was no total blockade and the parents worked outside the home and the infants were left home alone, the scenario was different, with less vigilance and a greater propensity for these types of accidents. This paper intends to draw the attention of parents to the need to strengthen vigilance in order to avoid this type of accident.

Keywords: Mozambique, COVID-19, Foreign Bodies, ENT, Trauma.

RESUMO
No âmbito do encerramento das instituições de ensino para mitigar a propagação da COVID-19, as crianças foram obrigadas a passar mais tempo em casa, e muitas vezes em habitações muito pequenas, levando a um aumento rápido de incidentes envolvendo os corpos estranhos nos orifícios naturais da cabeça e pescoço. Em países com bloqueio total, as crianças estavam em casa com os pais e o nível de vigilância era maior, mas em países onde não houve bloqueio total e os pais trabalhavam fora de casa e os petizes ficavam sozinhos em casa, o cenário era diferente, com menor vigilância e maior propensão a este tipo de acidentes. O presente trabalho pretende chamar a atenção dos pais para a necessidade de reforçar a vigilância para evitar esse tipo de acidente.

Palavra-Chaves: Moçambique, COVID-19, Corpos estranhos, ORL, Trauma.

1 INTRODUCTION
In the current technology, Trauma represents a large part of hospital care, its prevention is a priority for all governments. Among these traumas, the foreign bodies (FBs) are one of the most important, they have been, described since antiquity.
According to the International Classification of Diseases (ICD-10), FBs are nominated as “non-animated mechanical forces exposure”, with code W44. The FBs are one of the preventable accidents.

In the context of closing schools and kindergartens for the prevention of COVID-19, children were forced to spend time at home, and often in very small types of houses, contributing for the sudden increase of all types of FBs cases. In this period, vigilance must be reinforced to avoid this type of accident [1]. Mozambique did not adopt general confinement. The children's parents have to go to work outside, and the children do not always have someone to take care, consequently, that situation contributed to increase the numbers of cases.

The restriction measure is likely to create physical and mental impact on people, especially on children[2].

During the COVID-19 pandemic, patients seek late for health treatment, mainly in non-urgent cases, such as non-complicated foreign bodies incidents, and the reasons for delayed presentation varies from patient to patient, including casual attitude of patient’s attenders, COVID phobia, restricted movements, limited transport facilities, shutdown of private clinics, and lack of a good financial conditions, ignorance of the existence of available facilities that treat diseases which are not related to COVID-19. Delayed to solve missed or ignored foreign bodies can lead to a number of complications[3].

The increasing number of cases of FBs in this period is related with the change of the type of FBs involved. Before the problem of coin ingestion was more frequent COVID-19 pandemic. Now, it happens to batteries cell type. This change is due to the increasing number of children using electronic devices, such as electronic toys the decrease of coins is due to the stores closure and the increase of e-commerce and electronic payments[4].

COVID-19 brought an unparalleled challenge for healthcare professionals. Professional who are in contact with the patients’ upper aerodigestive pathways are at a high risk of contamination by inhalation of aerosols and droplet contamination. All patients should be screened for COVID-19, They should have been asked about cough, nasal obstruction, cold, headache, ageusia anosmia, fever, positive contact on recent travels [5].

Due to the COVID-19 pandemic, medical exercise has undergone a profound turmoil: the virus has forced to change relations with patients and implement specific
measures to reduce the frequency of contacts. In this situation, the work of doctors and hospital staff in many countries has been reorganized in order to meet the needs posed by this new, unpredicted situation.

An Italian study has proved that domestic accidents during the pandemic affect children more than COVID-19 [6].

The FBs injuries can cause physical and emotional disorders in the patient and the family members. And it represents a financial burden on the health system, put a great pressure threat in clinical and public health perspective, with high costs treatment, in particular when surgery is needed [7]. FBs can produce temporary or permanent complications or sequels, that affect the patient’s life quality. The Asphyxiation death due to FBs aspiration is the fourth cause of accidental death in the United States, with approximately 3000 deaths per year[8].

The most common risk factors of the FBs incidents in children can be parents negligence who offer seafood dishes without completely removing the fishbones [9]; Lack of adult and caregivers who avoid leaving potentially dangerous objects on children’s reach, who has innate curiosity to explore their environment through the mouth, nasal cavity and ears; Children have lack of ability to distinguish edible objects from those that are not; and they are prone to distraction and playing other games [10].

Parents who offer small objects, toys, coins or fruit with seeds to calm children[11]; Children who eat while playing and jumping; Older brothers offering food or small objects to the younger ones and gestures imitation of adults who put a cotton swab to clean their ears. In adults, FBs have a relatively and different causality and typology than children. Incidents occur during household jobs by placing objects in the mouth (pins or sewing needles), or jamming a large alimentary bolus or the presence of a disease that prevents the bolus from progressing normally through the oesophagus. We must also refer to other population groups that may have problems related to FBs, such as the prison population, who can do it voluntarily and deliberately, or psychiatric patients, creating a burden on health services. We have had a case of deliberate key ingestion to hide evidence of theft. The cases of coin ingestion, involve very high costs for its extraction. To extract a small coin, the surgery is much more expensive. Fishbone accidents occur at all ages. In adults, ingestion occur in the presence of alcohol consumption which reduce reflexes such as the ingestion of capsules from bottles and large pieces of food, normally in restaurant environment.
The type of FBs observed in patients depends on dietary, cultural and regional habits, socioeconomic level, daily exposure to potentially “inspirable” or “ingestible” objects, the degree of supervision of parents or children caregiver and others[8].

In Africa, lack of otorhinolaryngology doctors, implies that the emergencies by FBs in head and neck natural orifices, are performed by service provider with no sufficient knowledge or appropriate experiences. In addition, the very lack of adequate chirurgical equipment and consumable instruments can lead to more or less serious complications. The extraction attempts by unprofessional or untrained staff can result in irreversible damage as eardrum membrane perforation, or dislocation of ear ossicles with consequent hearing loss. A perfectly preventable case. In our study carried out in Maputo, it was found that most complications resulted from the attempt to self-extract (50.67%) and attempts made by non-specialized personnel (38.67%).

The Foreign bodies are more frequent in vulnerable people of low-income countries who buys poor quality toys that are easily breakable in small pieces and easily introducible in ears, mouth or nasal cavity. The eyes of poor-quality dolls are a typical example of this situation. In developed countries, these incidents are rare because the legislation requirement and quality control board has mechanism to supervise the production or importation of toys with a good quality and safety for all age groups. Children in low-income countries play with the coins, offered by their parents to buy candy at school, because this child don't take snacks from home. Throughout the same country, we see that there are cities or areas that are much poorer and have a low consumption of coins. Animated foreign bodies such as cockroaches, larvae and insects in head and neck orifices are relatively frequent in people with less socioeconomic conditions.

This public health problem is less appreciated and discussed in low-income countries. There are great underreporting cases. The cases arrived at health facilities, receive assistance from a health technician, nurse or a general practitioner who removes the foreign body and usually records the data it in an incomplete way, or inappropriate record form, or even does not record it. But the cases that require intervention in operating room general are recorded in surgery register books, because it’s operating rooms requirement and routine practice.

If we want to reduce these patients in hospitals, we have to reduce their weight in society and let the hospital deal with more cases of illness and less preventable trauma, we have to carry out a major prevention campaign among the communities, especially
vulnerable key population. The best part of medicine is prevention, which is the most inexpensive strategy. Treatment is more expensive and is not always able to prevent sequels. The massive campaign must cover schools, caregiver, parents and teachers to disseminate safety practices as follow: Don’t run, play or jump while eating; Don’t leave small objects close to the children in any circumstances; Don’t put the needles in the mouth to avoid hijab syndrome, a very common entity in Muslim girls who wear the veil (hijab); Explain to the mothers that the fish dish offered to the child must be inspected for the prior removal of the bones; Teach older people to look for fishbone carefully when eating fish; Patients with dental prostheses who put them in a glass of water during the night, avoid drinking water without seeing the inside of the glass first; Elucidate that the swabs are responsible for otitis externa, a disease of civilization that produces a lot of earache.

There is a great need to advocate with the authorities, entities and consumer associations the approval of a strict regulation on the production, packaging, quality control and marketing of objects and toys without risk for children[12].
REFERENCES


