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Letter to Editor



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Penetrating soft palate injury by lollypop candy stick

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Incidents of soft palate injury or laceration caused by unintended movement when holding a sharp object in the mouth in the pediatric population are usually rarely reported. Here we report a case of soft palate laceration in a child due to a lollypop stick tip.

Informed consent had obtained from the parents of the child. A 6-year-old male complained of pain in the oropharynx and odynophagia after having a lollypop candy stick pushed backward in his mouth. He had no complaints of active bleeding, dysphagia, hoarseness, or dyspnoea. On examination, a 1.5 cm × 0.5 cm laceration was seen at the soft palate on the left side (Figure 1A). The surgeon stitched the patient's soft palate under general anesthesia and administered antibiotic injections (Figure 1B). The patient had an uneventful postoperative period, was advised to have a soft diet and avoid warm food, and was discharged four days after the operation.

Soft palate lacerations are uncommon injuries that can cause significant discomfort and difficulties in swallowing and speaking[1]. This injury mainly occurs in pediatric patients when they hold an object in their mouths, and a sudden unintentional movement of the object or head makes the object thrust backward. Children are fond of lollypops, rolled on plastic sticks that children generally chew and make pointy tips. These plastic stick tips can cause laceration and injury to the oropharynx resulting in severe bleeding or collection of retropharyngeal air[2]. The air can sometimes be trapped in the soft tissue which requires surgical intervention under general anesthesia. Sometimes it can slip and cause injury to the larynx, esophagus, or trachea. Management of these injuries depends on the severity of the laceration and its associated symptoms. Conservative management with pain management, antibiotics, and a soft diet is often sufficient for minor lacerations, while more severe injuries may require surgical intervention. It is essential to closely monitor the healing process to detect any complications, such as infection or scarring.

Early diagnosis and treatment are crucial to promote healing and prevent long-term complications. Sometimes it can be life-threatening when persistent bleeding occurs in the palatine, jugular, and carotid vessels. Some cases may lead to severe retropharyngeal abscess, mediastinitis, and sepsis. These penetrating traumata may also lead to carotid artery dissection or pseudoaneurysm formation. Significant blunt trauma can induce an inflammatory response which may cause thrombus formation within the carotid artery. Diagnostic imaging of the lateral neck may help to identify foreign bodies and may show free air. Computed tomography angiography was reported to have a sensitivity of 90%-100% and a specificity of 98.7%-100% for detecting carotid injury[3].

In conclusion, early diagnosis and surgical repair for soft tissue injury is essential to avoid complications. Children also need to be instructed to spit out lollypop sticks when the lollypop portion is finished. As there is a limited amount of airway space and excessive bleeding during suturing can result in airway loss, performing such a suture under general anesthesia is always preferable. A close liaison with the surgeon and anesthesiologist is required. Following suturing, antibiotics, and good oral hygiene are sufficient for the postoperative period.

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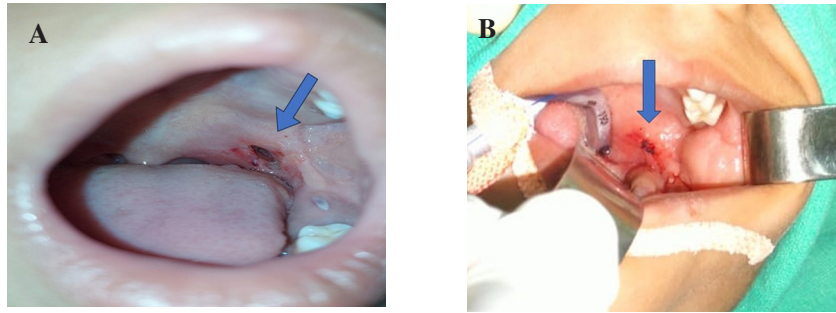


Figure 1. (A) Image of a 6-year-old male patient showing a 1.5 cm × 0.5 cm laceration (arrow) on the left side of soft palate, and (B) image showing soft palate was repaired while the patient was under general anesthesia (arrow).

Conflict of interest statement

The authors report no conflict of interest.

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Data availability statement

The data supporting the findings of this study are available from the corresponding authors upon request.

Authors' contributions

SS: concept, design, intellectual content, literature search, data acquisition, manuscript preparation. SAK: literature search,

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