Single-balloon endoscopy to remove a migrated esophageal stent in the small bowel

Fig. 1 Abdominal radiograph demonstrated an impacted metal foreign body in the left lower portion of the abdomen in a 49-year-old woman. There were no signs of pneumoperitoneum.

Fig. 2 The stent was found approximately 150 cm from the pylorus.

Fig. 3 The stent was grasped with a snare.

Fig. 4 Retrieved stent.

A 49-year-old woman was admitted to the hospital emergency department having had abdominal pain for 16 hours. She had previously undergone placement of a fully covered anti-reflux metal stent to treat esophageal achalasia (achalasia of cardia). On physical examination, the abdomen was soft with normal bowel sounds. However, there was tenderness on deep palpation of the left lower abdomen. All laboratory test results were within reference ranges. An abdominal radiograph demonstrated an impacted metal foreign body in the left lower portion of the abdomen without signs of pneumoperitoneum (Fig. 1). Single-balloon endoscopy was performed (Olympus SIF-Q260; Olympus, Inc., Tokyo, Japan). At approximately 150

cm from the pylorus, the stent was found (Fig. 2). It was grasped with a snare and extracted (Fig. 3, Fig. 4). An abdominal radiograph that was performed after the end of the procedure did not reveal pneumoperitoneum. The patient was discharged the following day.

Most ingested foreign bodies will be asymptomatic and pass through the gastrointestinal tract without complication or medical intervention [1–3]. Certain foreign bodies, however, such as sharp, pointed, or corrosive objects, have been typically associated with perforation. The initial diagnosis of foreign body ingestion may be difficult in the absence of a witness, and the presentation of perforation in such a case may be difficult to distin-

guish from other causes of acute abdomen. The management of asymptomatic foreign bodies is variable and has been generally dictated by the site, type of foreign body, and anticipated likelihood of complications. If symptoms occur or there is concern regarding potential complications then removal is undertaken. Options for removal include endoscopy and surgery [4]. Laparoscopy has an important emerging role in both the diagnosis and the surgical management of ingested foreign bodies [5].

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