A 57-year-old man with a history of bipolar disorder presented to the emergency room with a 48-hour history of aphagia without dyspnea. A chest X-ray revealed a calcium-dense foreign body in the cervical esophagus. Given the long symptom duration, a chest computed tomography scan was performed, ruling out complications (▶Fig. 1). In accordance with European Society of Gastrointestinal Endoscopy recommendations [1], we performed an emergency therapeutic endoscopy within 2 hours after admission. A large mollusc shell was observed tightly impacted in the upper esophagus (▶Video 1). Endoscopic extraction with a conventional gastroscope and diverse forceps/devices was attempted without success, despite correct grasping, due to slippage against the anchored shell. A second endoscopy was performed the following morning. We decided to switch...
to a therapeutic double-channel gastroscope (Olympus Evis Exera II GIF-2TH180; Olympus, Tokyo, Japan) and used two foreign body forceps (alligator- and rat-tooth forceps) simultaneously and in parallel, in an attempt to achieve a better grasping force (►Fig. 2). After a few attempts with the two forceps, which were handled by two assistants performing continuous but low-power traction, a 36-mm mollusc shell was extracted (►Fig. 3). Endoscopic review following extraction showed two deep mucosal tears in the cervical esophagus (►Fig. 4 a). Given no local complication was identified, no further treatment was performed. In a follow-up endoscopy before discharge, mucosal healing without stenosis was confirmed (►Fig. 4 b). Foreign body ingestion and food bolus impaction are commonly encountered in clinical practice, and approximately 10%–20% of cases require endoscopic removal [1]. Working with two parallel foreign body forceps on the same axis as the gastroscope allows a more consistent and better distributed traction force in the correct direction over two points, which also prevents slippage [2, 3].

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Competing interests

The authors declare that they have no conflict of interest.

The authors

Oscar Nogales Celia Caravaca Gámez, Jon de la Maza, Julia del Río Izquierdo, Javier García-Lledó, Isabel Payeras, Beatriz Merino Rodríguez
Department of Digestive Diseases, Endoscopy Unit, Hospital General Universitario Gregorio Marañón, Madrid, Spain

Corresponding author

Oscar Nogales, MD
Department of Digestive Diseases, Endoscopy Unit, Hospital General Universitario Gregorio Marañón, Calle Doctor Esquerdo 46, 28007 Madrid, Spain
oscarnogalesrincon@gmail.com

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