Delayed massive bleeding caused by an ingested fish bone

A 48-year-old man came to our hospital after having ingested a fish bone 2 days earlier; he was experiencing chest pain without hematemesis or melena. Esophagogastroduodenoscopy revealed a fish bone embedded in the esophagus at approximately 27 cm from the incisors (Fig. 1). Endoscopic removal of the bone was successful (Fig. 2), and oozing bleeding at the wound was noticed (Fig. 3). The patient was asked to remain in the hospital for at least 2 days while on a liquid diet, but he refused and went back home.

A week later, he presented to the emergency room with massive hematemesis. Emergency computed tomography of the chest revealed a mediastinal abscess and rupture of the aortic arch with the formation of a pseudoaneurysm (Video 1). The patient died of a massive hemorrhage before emergency surgery could be performed.

Two lessons can be learned from this case. First, if a sharp foreign body has lodged in the esophagus for more than 24 hours and has become embedded, it is prudent to perform computed tomography before endoscopic removal to check for the absence of any complication and assess the relationship of the foreign body to the airway and vessels. Second, careful observation in the hospital is recommended for any patient who has undergone endoscopic removal of an embedded foreign body.

emergency endoscopic intervention is required [2,3]. In the present case, the fish bone had lodged in the patient’s esophagus for 2 days before being successfully removed endoscopically. However, delayed bleeding developed a week after endoscopic removal, and the patient died of a massive hemorrhage.

A 48-year-old man came to our hospital after having ingested a fish bone 2 days earlier; he was experiencing chest pain without hematemesis or melena. Esophagogastroduodenoscopy revealed a fish bone embedded in the esophagus at approximately 27 cm from the incisors (Fig. 1). Endoscopic removal of the bone was successful (Fig. 2), and oozing bleeding at the wound was noticed (Fig. 3). The patient was asked to remain in the hospital for at least 2 days while on a liquid diet, but he refused and went back home.

A week later, he presented to the emergency room with massive hematemesis. Emergency computed tomography of the chest revealed a mediastinal abscess and rupture of the aortic arch with the formation of a pseudoaneurysm (Video 1). The patient died of a massive hemorrhage before emergency surgery could be performed.

Two lessons can be learned from this case. First, if a sharp foreign body has lodged in the esophagus for more than 24 hours and has become embedded, it is prudent to perform computed tomography before endoscopic removal to check for the absence of any complication and assess the relationship of the foreign body to the airway and vessels. Second, careful observation in the hospital is recommended for any patient who has undergone endoscopic removal of an embedded foreign body.

A 48-year-old man came to our hospital after having ingested a fish bone 2 days earlier; he was experiencing chest pain without hematemesis or melena. Esophagogastroduodenoscopy revealed a fish bone embedded in the esophagus at approximately 27 cm from the incisors (Fig. 1). Endoscopic removal of the bone was successful (Fig. 2), and oozing bleeding at the wound was noticed (Fig. 3). The patient was asked to remain in the hospital for at least 2 days while on a liquid diet, but he refused and went back home.

A week later, he presented to the emergency room with massive hematemesis. Emergency computed tomography of the chest revealed a mediastinal abscess and rupture of the aortic arch with the formation of a pseudoaneurysm (Video 1). The patient died of a massive hemorrhage before emergency surgery could be performed.

Two lessons can be learned from this case. First, if a sharp foreign body has lodged in the esophagus for more than 24 hours and has become embedded, it is prudent to perform computed tomography before endoscopic removal to check for the absence of any complication and assess the relationship of the foreign body to the airway and vessels. Second, careful observation in the hospital is recommended for any patient who has undergone endoscopic removal of an embedded foreign body.

Endoscopy_UCTN_Code_CPL_1AH_2AJ

Competing interests: None

Yuyong Tan, Yi Chu, Deliang Liu, Jirong Huo

Department of Gastroenterology,
The Second Xiangya Hospital of Central South University, Hunan, China
References

Bibliography
DOI http://dx.doi.org/10.1055/s-0034-1393379
Endoscopy 2015; 47: E569–E570
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author
Jirong Huo, MD
Department of Gastroenterology
The Second Xiangya Hospital of Central South University
No. 139 Middle Renmin Road
Changsha
Hunan, 410011
China
Fax: +86-0731-85533525
hjr198@hotmail.com