

Dysphagia and retrosternal pain related to a round plastic foreign body impacted in the esophageal wall for over 20 years



Fig. 1 Visible part of the impacted foreign body covered with residual food. At first, small incisions around the object were made with an electric needle. The object was then grasped with rat-tooth forceps and removed from the esophageal wall [4].



Fig. 2 Reactive esophageal stricture in the area where the foreign body was impacted. Image taken after the procedure.

A 25-year-old female was referred to our unit with chronic solid-food dysphagia and retrosternal pain. According to the patient, all symptoms had persisted with fluctuating intensity since she was 6 years old. Regardless of several examinations (e.g. esophageal fluoroscopy, patient was refusing esophagoscopy) undertaken throughout this period, a history of other diseases was negative. After admission to our unit, endoscopic evaluation of the esophagus revealed a relatively tough stricture located below the pharyngo-esophageal junction surrounded by inflammatory infiltration. Additionally, a foreign



Fig. 3 Foreign body extracted from the esophagus.

body impacted in the esophageal wall at the same level was visualized. Subsequently, the object was safely extracted with a flexible endoscope while the patient was under general anesthesia (◀ Fig. 1 and 2). The impacted foreign body appeared to be a 2 cm, round, plastic toy that was popular in Poland in the 1980s, which the patient claims to have swallowed at the age of 4 years (◀ Fig. 3). As a result she suffered from continuous vomiting for a few days, yet was free from further symptoms until she was 6 years old, when dysphagia and retrosternal pain occurred for the first time. Because the extracted foreign body was impacted deeply inside the esophageal wall, only a minor part was visible yet no secondary injuries or complications were encountered. After the procedure, postoperative care included a 5-day hospital stay with total parenteral nutrition and oral intake withheld. Afterwards, a rapid resolution of all symptoms was observed. The subsequent 12-month follow-up period was uneventful.

In general, a foreign body impacted in the esophagus may result in several potential complications (e.g. perforation, hemothorax, fistula, hemorrhage, diverticulum) [1–3]. Thus, this is one of a few cases reported in the literature involving both prolonged presence of a foreign

body in the esophagus and absence of any major complications.

Endoscopy_UCTN_Code_CCL_1AB_2AF

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References

- 1 Hunt I, Hartley S, Alwahab Y *et al*. Aorto-esophageal perforation following ingestion of razorblades with massive haemothorax. *Eur J Cardiothorac Surg* 2007; 31: 946–948
- 2 Sica GS, Djapardy V, Westaby S *et al*. Diagnosis and management of aorto-esophageal fistula caused by a foreign body. *Ann Thorac Surg* 2004; 77: 2217–2218
- 3 Hadi U, Rameh C. Giant midesophageal diverticulum presenting as food impaction: case report and review of the literature. *Am J Otolaryngol* 2007; 28: 122–125
- 4 Soehendra N, Binmoeller KF, Seifert H *et al*. Foreign body extraction. In: *Therapeutic endoscopy*. Stuttgart, New York: Thieme; 1998: 1–12

Bibliography

DOI 10.1055/s-2007-995693

Endoscopy 2008; 40: E160

© Georg Thieme Verlag KG Stuttgart · New York ·
ISSN 0013-726X

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