

COMPLETELY PENETRATING ESOPHAGEAL FOREIGN BODY (“IS GOOD TO REMEMBER WHEN YOU EAT SOME CHICKEN AND FALL AFTER ...”)

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ABSTRACT

Impacted foreign bodies in the oesophagus are common and usually the flexible or rigid esophagoscopy are successful in their removal. In many cases, especially in children but even in adults, the anamnesis cannot reveal the foreign body swallowing despite the size of the specimen. We present a case of an impacted and almost completely penetrating foreign body (chicken bone) in the oesophagus, successfully removed by rigid esophagoscopy.

KEYWORDS: Foreign body · Esophagoscopy · Pulmonary abscess.

INTRODUCTION

Foreign body removal from the esophagus is a common practice in the majority of the ENT departments.^[1,2,3] Flexible and rigid esophagoscopy are the most frequently methods to retrieve the impacted foreign body.

MATERIALS AND METHODS

An occasionally drinker 55-year old man was admitted to our hospital after falling from 1 meter high, accusing subclavicular and left shoulder pain. A chest X-ray revealed a left hidropneumothorax treated by a chest drain maintained for 5 days. After removal of the chest drain he started to expectorate mucopurulent sputum and complained about severe retrosternal pain.

The chest computed tomography (CT) showed a left apical pulmonary abscess and a bony structure in the esophagus penetrating into the left upper lobe (Fig. 1A).

RESULTS

The initial flexible endoscopy was unremarkable. Subsequently the patient underwent a rigid esophagoscopy under intravenous sedation which revealed the foreign body (a 5 cm chicken bone) almost completely penetrating from the esophagus into the left upper pulmonary lobe, visualized as a 5 mm whitish spot. The structure was successfully extracted during the procedure (Fig. 1B).

The patient was discharged home the next day on oral antibiotic without recalls of a recent or ancient chicken dinner despite thorough anamnesis. The 1 month follow-up chest X-ray showed complete remission of the pulmonary abscess (Fig. 1C).



Figure 1: (A): CT shows a foreign body penetrating from the esophagus to the left upper lobe. (B): The chicken bone removed by rigid esophagoscopy. (C): The 1 month follow-up chest X-ray revealing complete remission of the abscess.

CONCLUSIONS

In many cases, especially in children but even in adults, the anamnesis cannot reveal the foreign body swallowing despite the size of the specimen. The imagistic and minimally invasive procedures are mandatory for diagnosis and treatment.

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