

FOREIGN BODY OESOPHAGUS WITH ABSCESS

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ABSTRACT

The spectrum of foreign body impaction is different in adult and pediatric age group. Early detection, diagnosis and management are important to prevent complications, which are higher in adults. This case, which presented with an impacted foreign body with retropharyngeal abscess, stresses the need for the availability of radiological imaging modalities and flexible endoscopy to prevent morbidity and mortality in such cases. This case also highlights the importance of early intervention in cases of foreign body impaction to prevent complications and prolonged hospitalization.

Keywords: Foreign body; Oesophagus; Complications.

INTRODUCTION

Oesophageal obstruction by impacted food or ingested foreign body is potentially life-threatening event and represents an endoscopic emergency. Food impaction may occur due to stricture, carcinoma, schatzki ring, eosinophilic esophagitis or simply inattentive eating. Endoscopic intervention should be done ideally within the first 6 to 12 hours or within 24 hours of onset of symptoms. An increased risk of complication is thought to be proportional to the duration of impaction. Sharp and pointed objects like toothpicks and animal bones are the most likely ingested foreign bodies to cause a perforation that necessitate surgical management.

CASE REPORT

65 years male, an alcoholic accidentally ingested chicken bone a week before. He presented with symptoms of dysphagia, odynophagia, and foreign body sensation in throat. The general practitioner prescribed him symptomatic treatment. Patient was able to drink water initially but later on developed dysphagia and fever. When not relieved after 7 days of foreign body sensation, his condition deteriorated and patient was referred to GGS Medical College & Hospital, Faridkot. Examination of oral cavity and indirect laryngoscopy showed no abnormality. X-ray neck lateral view and chest AP view were done. X-ray neck lateral view showed calcified shadow in retropharyngeal space (Fig 1). Confirmation was done by CT scan neck region, which showed impacted foreign body in cervical esophagus at C7-T1 vertebral level with formation of abscess at C4 vertebral level(Fig 2). The patient was subjected for urgent upper GI endoscopy, which showed a foreign body in the form of white rim with mucosal edema, which was grasped by rat tooth foreign body forceps and removed(Fig 3). It was Y shaped chicken bone. The patient was prescribed antibiotics, PPI and other relevant drugs. Endoscopy was repeated after a week, which showed erosions in the esophagus. Later the endoscopy was repeated again after a month, which showed no abnormality.



Fig. 1: X-ray neck lateral view

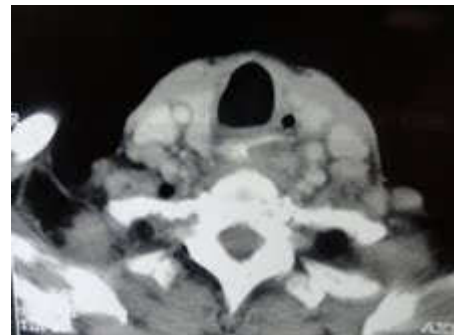


Fig. 2: CT scan neck region



Fig. 3: Upper GI endoscopy

DISCUSSION

Foreign body impaction is an important cause of emergencies in all age groups but the site and type of foreign body differs among pediatric and adults. The most common foreign body in pediatric age group is the coin whereas in the adults it is the bone. In adults, mid esophagus was the commonly involved site (65.7%) as compared to upper oesophagus in children (92.8%) [1]. But in our case upper cervical esophageal involvement was present. Dysphagia and odynophagia were the presenting symptoms as is seen in other studies [2]. Complications of foreign body impaction are more common in adults as compared to children. Maximum complication occurs with denture and bone chips. Regional trauma resulting from an ingested foreign body is the cause of abscess [3]. In our case after prolonged impaction there was formation of abscess, which was treated by foreign body removal and intravenous antibiotic. Foreign body in hypo pharynx and cervical esophagus such as chicken and fish bone usually need radiological workup. The literature shows

that plain films have low yield in detecting foreign bodies [4]. Non-contrast CT scan may demonstrate these small-calcified foreign bodies [5]. Flexible video endoscope was used for removal of chicken bone. Flexible endoscope has least chance of perforation, when compared with rigid endoscope. This case represents imbibing alcohol while eating meat may increase food impaction- Steakhouse syndrome [6].

CONCLUSION

Foreign body impaction when managed within 24 hours causes almost least complications. Prolonged impaction and neglect may be due to low socioeconomic condition, alcohol abuse, illiteracy, non-availability of specialist endoscopist, improper referral & imaging facilities. These factors can increase the morbidity and mortality. This case stresses the importance of early detection and removal of impacted foreign bodies to prevent complications and surgical intervention.

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