Introduction

Foreign body ingestion occurs commonly in children and in specific high risk group adults. Foreign bodies in gastrointestinal tract can result in serious complications depending on the shape and size of the ingested objects[1,2]. To avoid open surgical methods these foreign bodies can be removed safely by using flexible video oesophagoscopy. Surgical intervention is needed in case of severe damage or pustule formation. Different cases of sharp foreign bodies found in oesophagus are toothpicks, safety pins, drawing pins, glass pieces, dentures, nails, wires, bones and broken parts of plastic toys. Commonly swallowed objects include coins, buttons, marbles, batteries, but can include more complex objects, such as eyeglasses, spoons, and tooth brushes[3,4]. We report a 11-year-old girl in whom an expansible metal wire clip was lodged in the esophagus. This unusual foreign body would add to a growing list of foreign bodies reported in the literature. To our knowledge, perhaps this is the first of such cases in the world literature.

Case History

An 11-year-old girl was admitted to the Bombay hospital, India, with symptoms of severe dysphagia and inability to swallow saliva. History was narrated by the patient and her parents. While hanging clothes on her terrace rope for drying, she put the clothes clip in her mouth. The clip was previously broken and a part of its metal spring was loosely-fitted. Accidentally she pressed clip in her mouth while trying to speak to her mother standing besides her. A part of the loosely fitted spring metal wire got into her mouth. The foreign body was trapped in the upper esophagus, experiencing pain in her neck and upper thoracic region. Severe odynophagia forced her to visit Accident and Emergency Department on the same day.

A chest x-ray showed the foreign body to be located in the thoracic esophagus. Flexible video oesophagoscopy was done using deep sedation. The clip was impacted in the upper oesophagus(Figure 1). The spring metal wire was removed successfully using grasping forceps. The patient was discharged the next day.

Oesophageal Obstruction due to a Metal Wire Clip: A very Unusual Foreign Body

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ABSTRACT

Accidental or intentional ingestion of foreign bodies continues to be a common problem. Impacted foreign bodies in the esophagus poses a challenge for gastroenterologists and require a management strategy. We report a 11-year-old girl who accidentally swallowed a metal wire clip that was lodged and impacted in the upper esophagus. Patients presented with pain in the neck and severe odynophagia. The impacted foreign body was successfully and safely retrieved using grasping forceps.(J Dig Endosc 2011;2(3):195-6)

Key words: Metal wire clip – Oesophageal obstruction – Foreign body

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Discussion

To our knowledge this is the only rare such case reported in the literature. This foreign body consisted of expansile clip which lodged in the oesophagus producing extreme pressure and tension on the oesophageal wall with its pointed ends.

We successfully retrieved the foreign body which otherwise might have required surgical intervention. Endoscopic foreign body retrieval is a non-surgical procedure to retrieve foreign bodies from esophagus, stomach and duodenum using fiberoptic endoscope. A forceps with strong jaws is passed through the biopsy channel of the scope, the jaw of the forceps catches the foreign body and brings about the retrieval. Adequate measures are taken to avoid injury to the oesophagus and trachea. There are instances where complications like perforation of oesophagus, pneumomediastinum, mediastinitis and abscess formation have occurred. Foreign bodies that block the oesophagus are comparatively different than those which pass down through the gastrointestinal tract. For this reason, perforation due to a foreign body is more likely to occur in oesophagus than in the rest of gastrointestinal tract. Patients who intentionally ingest these objects have a higher complication rate and greater endoscopic failure[5]. These patients are also more likely to have a delayed presentation. An increased risk of perforation has been described in patients with long intervals between ingestion and presentation[6].

The injury to the oesophagus produces symptoms like pain, fever and subcutaneous and/or mediastinal emphysema. Pain is often found at the location of perforation. Neck pain and sternocleidomastoid inflammation may be related with cervical perforation. Substernal pain worsening with swallowing and deep inspiration suggests thoracic perforation.

In conclusion, even impacted sharp foreign body can be effectively and safely retrieved from the esophagus.

References


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