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CASE REPORT

UNCOMMONLY USED ACCESSORY FOR REMOVAL OF A LARGE FOREIGN BODY LODGED IN THE LOWER ESOPHAGUS – A RARE CASE REPORT

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ABSTRACT

Accidental ingestion of foreign bodies are not uncommon mostly in the children and elderly individuals. Sharp pointed objects can cause injury to any part of the digestive tracts that lead to bleed or perforation of viscus, sometimes it can pose a catastrophic phenomena like battery ingestion. We removed partially eaten whole mango accidentally ingested and lodged in the lower esophagus by an elderly man who ran a long way from Himachal Pradesh. We used a Foley's Catheter at the end which is an indwelling catheter used for the drainage of urine.

INTRODUCTION

Of more than 100,000 cases of foreign body ingestion reported each year in the United States, 80 percent occur in children. The majority of foreign body ingestions occur in children between the ages of six months and three years and in elderly it is not uncommon. Fortunately, most foreign bodies that reach the gastrointestinal tract pass spontaneously. Only 10 to 20 percent will require endoscopic removal, and less than 1 percent require surgical intervention. Although mortality from foreign body ingestion is extremely low, deaths have been reported in the United States. Ingestion of multiple foreign objects and repeated episodes are uncommon occurrences and usually occur in children with developmental delay.

Case report

A 67 years of old healthy male from Himachal Pradesh presented to us sudden onset of complete dysphagia with history of partially ingested mango which was lodged in the lower esophagus two days ago. He was tried by few gastroenterologists elsewhere to retrieve the foreign from esophagus but was in vain. He came to CMC and Hospital with same complaints. He underwent an emergency endoscopic

procedure. It was also unsuccessful to retrieve the partially digested large mango by using usual accessories used for the removal of foreign bodies like rat foceep, snares, basket due to its slipperiness. Author had an idea for Folly's catheter. This catheter is usually being used as an indwelling cath. to drain the urine. After securing airway, he inserted a guidewire beyond the said foreign body, then Folley's cath was passed over the guidewire beyond the foreign body under direct endoscopy vision, once the balloon part of the catheter was passed the eaten mango, the catheter was inflated upto its maximum capacity, scope was slowly withdrawn so also the Folley's catheter along the foreign body. Subsequently, the partially eaten mango was retrieved as a whole without any complication, a short length mild stricture noted proximal to GE junction. However, no growth or ulcer was found in the esophagus. Subsequently, scope passed into the stomach without much difficulty.

DISCUSSION

Fortunately, most foreign bodies that reach the gastrointestinal tract pass spontaneously. Only 10 to 20 percent will require endoscopic removal, and less than 1 percent require surgical intervention (Wyllie, 2006; Yemura, 2005; Simic and Budakov, 1998) Although mortality from foreign body ingestion is extremely low, deaths have been reported. Foreign Body (FB) ingestion is an everyday occurrence and a common emergency presentation. Many ingested FBs become impacted, often in the esophagus, and have the potential to cause serious

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Fig. 1. Partially eaten mango stuck in esophagus with benign lower esophageal stricture

complications, apart from significant distress to the patient and family. Overall, 28-68% of gastrointestinal FBs are found in the esophagus (Webb, 1995). The most frequent lodgment site in children is at the level of the cricopharyngeus muscle (which is the narrowest part of the esophagus), and in adults it is at the lower esophageal sphincter or at the site of any predisposing lesion (Waltzman *et al.*, 2005; Banerjee *et al.*, 2005). Even though better community education and parent teaching programs might be of some value, it is unlikely that there will be a significant reduction in the incidence of the most common reason for emergency endoscopy: esophageal FBs (Little *et al.*, 2006; Yardeni *et al.*, 2004; Athanassiadi *et al.*, 2005). The best approach towards this problem lies in developing standard guidelines for dealing with this situation, a hope that can only turn into reality through further evidence-based medicine along these lines and general publicity (Kay, 2005).

Conclusion

FBs in the esophagus will continue to be a common emergency. In this particular rare case where all usual accessories used for removal/retrieve of a large foreign from esophagus were failed, a catheter which is usually used for drainage of urine was very useful in this case to retrieve this big foreign body from lower esophagus. Most important part of this partially eaten foreign body was timely thought to avoid the major surgical intervention. That green flag gave us most pleasant sensation to mind of the patient, relatives and to us also.

Abbreviations

GE-Gastroesophageal Junction,
CMC –Christian medical college

Competing interests

The authors declare that they have no competing interests.

Authors' contributions

Dr K. C. Das, Dr. Sumeet David, Dr. Manish Lalwani, Dr. Nitish were involved in the patient care and writing the case report. All authors read and approved the final manuscript.

Consent

Full written consent was received for the manuscript to be published.

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