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RESEARCH ARTICLE

TABLET AS FOREIGN BODY IN OESOPHAGUS: A RARE CASE

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ABSTRACT

Foreign body oesophagus theme is related to paediatric population and uncommon in adults, however, it may be seen in high risk adults e.g., psychiatric illness, alcohol intoxication and certain pathological conditions like malignancy, achalasia, stricture and oesophageal ring. We report anti-inflammatory tablet which presented as a foreign body oesophagus in an adult female without any alimentary tract disorders which was diagnosed clinically as well as radiologically and removed with rigid oesophagoscopy under general anaesthesia in piecemeal without any complication. It is suggested that internet as not a panacea of all malodies but may land up in troubles.

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INTRODUCTION

Foreign body ingestion is common event encountered in day-to-day practice in children from 2 months to 6 years of age[1]. Adult foreign bodies are unusual, which are ingested accidentally together with food like steak pieces, meat bones and denture.[2] However, it can be observed in certain pathological changes of gastrointestinal tract (GIT) like stricture. The joint pain tablet impaction in upper part of oesophagushas not been reported previously. Approximately 80% ingested materials pass uneventfully through GIT and about 19% are removed by endoscopic method and surgical procedures for 1%. Methods of removal depend upon size, length and chemical composition of foreign body[3].

CASE REPORT

A 35 years old female patient reported in Otorhinolaryngologi calemergency services with complaint of round tablet ingestion, difficulty in swallowing, mild retrosternal pain, excessive salivation and nausea of 6 hours duration. Detailed history revealed that she was suffering from joint disease for which medicine was ordered from internet. X-ray soft tissue neck (STN) lateral view confirmed site of impaction of tablet. Radio-opaque, rounded foreign body was seen opposite to C5-C6 with mild distension of proximal oesophagusanteriorly (Fig. 1). The shadow of tablet was like a marble.

Initially patient was allowed to take plenty of liquids to get the tablet dissolved, however, after 24 hours X-ray STN lateral view revealed the same position of radio-opacity of tablet. Past history was not contributory to any episode of food impaction and odynophagia. There was no prior history of upper gastrointestinal endoscopy and no family history of any G.I. disorder, cervical spondylitis and hypertension. Routine investigations like complete haemogram, bleeding time, clotting time, blood group, blood urea, blood sugar, serum creatine, serum HIV and urine albumin were within normal limit. She was haemodynamically stable with blood pressure 120/80 mmHg, heart rate 90 bpm, temperature 98.0°F, respiratory rate 16 breaths per minute. Rigid oesophagoscopy under general anaesthesia with airway protected by endotracheal intubation, the black colored tablet was visualized and removed piecemeal, the tablet was adhered to the mucosa of oesophagus which was cleared completely. There was blackening of mucosa of oesophagus by the coating of the tablet. It was 16 cm from upper incisors according to the marking on oesophagoscope. The patient recovered from anaesthesia uneventfully. After 6 hours liquids were allowed and no complaint of retrosternal, interscapular pain and dysphagia was reported by patient. Post operatively tablet cefixime 200 mg BD, tablet diclofenac sodium dispersible 50 mg TDS was given and discharged after 72 hours. On discharge there were no complaints.

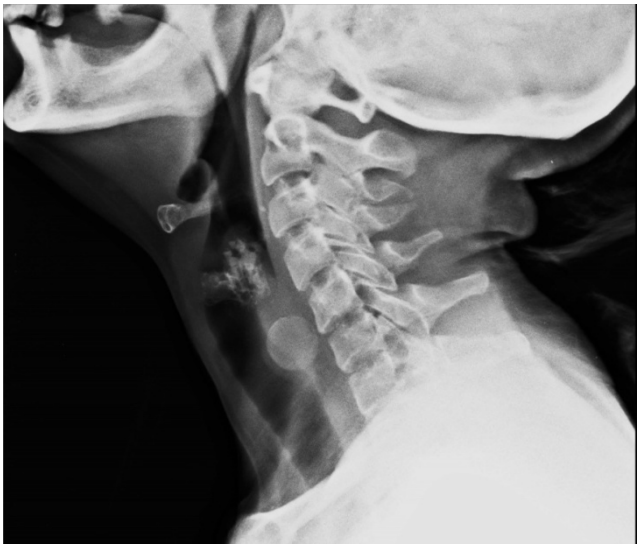

Fig. 1 X-ray STN lateral view showing rounded radio-opaque shadow opposite to C5-C6

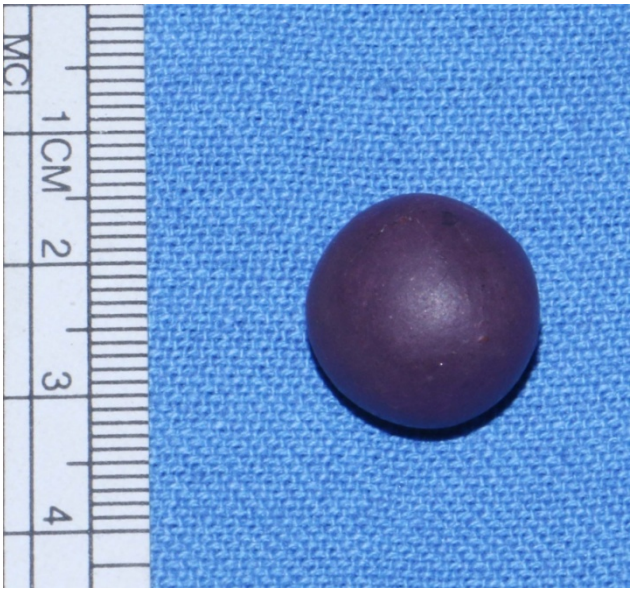

Fig. 2. Foreign body i.e. rounded tablet

DISCUSSION

Adult oesophageal foreign body theme is of concern to our whole society and everybody should know that it can lead to serious complications like stricture, pressure necrosis, subcutaneous emphysema, aspiration, perforation, mediastinitis, pneumomediastinum, paraoesophageal abscess, pneumothorax, tracheo-esophageal fistula, aorto-esophageal fistula, asphyxia and pneumoperitoneum[4]. Oesophagealforeign body is common in paediatric age group. However, prevalence of foreign body impaction in adults is relatively low except that, it may be observed in mentally retarded, insane, alcohol intoxication and some pathological condition like Schatzki's ring, diverticula, web, stricture, achalaisa, Peterson Brown Kelly syndrome, oesophageal cancer, eosinophilic oesophagitis and drug trafficking[2,5]. These were not associated in our case. Impaction of foreign body in oesophagus especially just below the cricopharynx region which is the commonest site because of its narrow lumen and relative absence of peristalsis. Impaction maybe due to disproportionate size of tablet to oeasophagus and some chemical composition of tablet leading to adherence to oesophageal wall. The diagnosis of impacted foreign body in oesophagus is primarilyclinical based on history, signs and symptoms of presentation like timing since ingestion, subjective complaints and nature of foreign bodies. Complete history and examination help to decide the management plan. Commonly reported presentations are difficulty in swallowing, choking sensation, chest & abdominal pain, excessive salivation and vomiting[4]. Foreign bodies that cross cricopharynx or first constriction may pass down the alimentary tract and pass spontaneously through anus[3]. Patient is asked to observe the stool for a week for spontaneous expulsion, however, in some rare cases it may take up to 4 weeks. If foreign body is not passed then radiological re-examination is recommended for asymptomatic patients in order to document the foreign body in the alimentary tract. Radiological examination for foreign body in the alimentary tract is an important modality to diagnose the site of impaction. Foreign body maybe radiolucent and radio opaque. Radiological evaluation not only help to confirm the diagnosis, but also contribute to documentation of the findings. In non-radio dense foreign body, radiology is mostly not sufficient to exclude ingestion of foreign body, it showed 32% sensitivity and 91% specificity. CT scan showed 100% sensitivity and 91% specificity for radiological diagnostic evaluation of foreign bodies[6]. However, X-ray STN lateral view in reported case had a rounded, radio opaque shadow and mild bulging in proximal oesophagus. Further it can help to rule out some serious complication like pneumomediastinum etc.

The natural course after ingestion of foreign body may be asymptomatic in 80% of cases and passes without any problem[3]. In reported case, we waited for 24 hours and advised consumption of liquid to help the tablet get dissolved and passing out spontaneously. However, patient was unable to swallow even water. The chemical composition of the tablet may be inert to dissolution with water, therefore, tablet was not passed down the oesophagus spontaneously. The symptoms of foreign body impaction depend on incomplete or complete obstruction of the oesophagus. Incomplete obstruction symptoms are milder and patient might be able to swallow the liquids. In complete obstruction, patient presents with inability to swallow the liquids, excessive drooling of saliva and choking sensation. Such patients are considered as high risk patients and urgent removal is required[7].

Rigid endoscopy technique is the gold standard for removal of impacted foreign body from oesophagus[8]. By this technique, we can visualize the impacted foreign body, grasping and removal along with oesophagoscope slowly. It is safe, reliable and an effective procedure despite its challenges. Early intervention makes it easier to extract the foreign body without any complications. There are various complications like injury to teeth & palate, oesophageal perforation that may arise especially when the instrument of rigid endoscopy are inappropriate and surgeons are less expertized[9]. Sometimes sharp point of impaction may cause perforation before extraction. Therefore, it is necessary to recognize the nature of ingested foreign body by its material, size, surface, consistency and chemical composition because these features can lead to catastrophic events. However, one must not forget the golden rule that prompt diagnosis, assessment of complication and removal of foreign body from the impacted site irrespective of nature of foreign body without any complication[10].

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