



ISSN: 0975-833X

Available online at <http://www.journalcra.com>

International Journal of Current Research

Vol. 17, Issue, 01, pp.31522-31523, January, 2025  
DOI: <https://doi.org/10.24941/ijcr.48412.01.2025>

INTERNATIONAL JOURNAL  
OF CURRENT RESEARCH

## RESEARCH ARTICLE

### UNUSUAL FOREIGN BODY IN ESOPHAGUS IN A PATIENT WITH SCHIZOPHRENIA

\*Dr. Rajendra Singh

MS (ENT), Junior Specialist (ENT) Cum Clinical Tutor, Dept. of ENT MDM Hospital Dr. S.N. Medical College Jodhpur

#### ARTICLE INFO

##### Article History:

Received 20<sup>th</sup> October, 2024  
Received in revised form  
17<sup>th</sup> November, 2024  
Accepted 24<sup>th</sup> December, 2024  
Published online 31<sup>st</sup> January, 2025

##### Key Words:

Foreign Body; Esophagus; Schizophrenia.

##### \*Corresponding author:

Dr. Rajendra Singh

#### ABSTRACT

Foreign body ingestion is common occurrence in children, it can accidentally occur in normal adults. Patients suffering from psychiatric illness and prison inmates can self ingest foreign bodies. The case which we are reporting is about ingestion of long and thick metallic wire by patient diagnosed with schizophrenia. The wire was molded to make a loop, with lower contoured end of loop reached upto mid-esophagus and upper ends of loop remained inside throat, which caused significant difficulty while removal.

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Citation: Dr. Rajendra Singh. 2025. "Unusual Foreign Body in Esophagus in a patient with Schizophrenia". *International Journal of Current Research*, 17, (01), 31522-31523.

## INTRODUCTION

Accidental ingestion of foreign bodies (FB) by children is a common eventuality (Almac & Gonullu, 1988; Jeen et al, 2001). Accidental ingestion of dentures by adults is also occasional presentation. Prisoners and those suffering from psychiatric illness (O'Sullivan et al, 1996; Aggarwal & Sinha, 2006; Gitlin et al, 2007) have been reported to present with foreign body ingestion. In adults, majority of foreign bodies pass through gastrointestinal tract but if foreign body is exceptionally large it gets lodged in esophagus mostly at the level of cricopharynx and may occupy a part of esophagus if large enough. Majority of the cases are diagnosed by history provided by patients themselves or by relatives. Diagnosis can be confirmed by clinical or radiological examination. Missing foreign body ingestion can occur partly due to negligence or due to incomplete examination. Large FB like long and thick metallic wire is rarest until it is suicidal or homicidal attempt or if the patient is mentally ill. There are no reports of large objects in adults occupying nearly half of the esophagus. Complications may arise during ingestion and in the process of removal. Whatever may be the type of foreign body, location or age of patients, it has to be removed as early and skillfully as possible. A FB at the junction of aero-digestive tract constitutes an emergency and should be dealt with caution.

## CASE REPORT

A thirty six year old male was brought by relatives to M.D.M. Hospital, Dr. S.N. Medical College, Jodhpur, with complains of dysphagia for solids, with history of ingestion of long and thick metallic wire in food passage 7 days back. No any other

complains were made. Relatives reported that the patient has been on irregular treatment for schizophrenia from last 9 years. Patient used to keep this wire in his pocket since long with the belief that it protects him from evil spirits and finally ingested this presumed divine wire to completely get rid off demonic powers. On Examination Lips, Oral cavity, teeth, tonsils, pharyngeal wall and vocal cords were normal. Indirect Laryngoscopy revealed a loop of wire in left pyriform fossa. Other pyriform fossa was normal. X-ray chest P.A. view including neck and skiagram soft tissue neck lateral view revealed a long and thick metallic wire making a loop (fig 1A, 1B), lower contoured end of which was reaching upto mid of esophagus and upper free end upto throat. One of the two upper ends was in left pyriform fossa but another end was making a knot 2 cm below the upper end of first arm. There was no evidence of perforation of esophagus. Patient was taken up for rigid endoscopy under general anesthesia in operation theatre. Otolaryngologist had to apply considerable efforts because wire was long and thick as well as making a loop and almost completely occupying the lumen of esophagus. In this case otolaryngologist had to face upper two constrictions of esophagus. The foreign body reached upto mid of esophagus and it was made of hard metal. The loop had two- pointed ends facing upwards and a pointed end faced horizontally. So the removal posed a challenge without any tear or perforation into mucosal and muscular layer. Wire was removed by alligator grasping type forceps, especially designed to remove foreign bodies, with help of adult laryngoscope. There were no post operative complications. On examination the foreign body was nearly 13.5 cm. long and 4.5 mm thick wire made up of copper (Fig. 2). It was molded to make a loop and span of loop was about 2.75 cm. A knot at one of the ends was made.

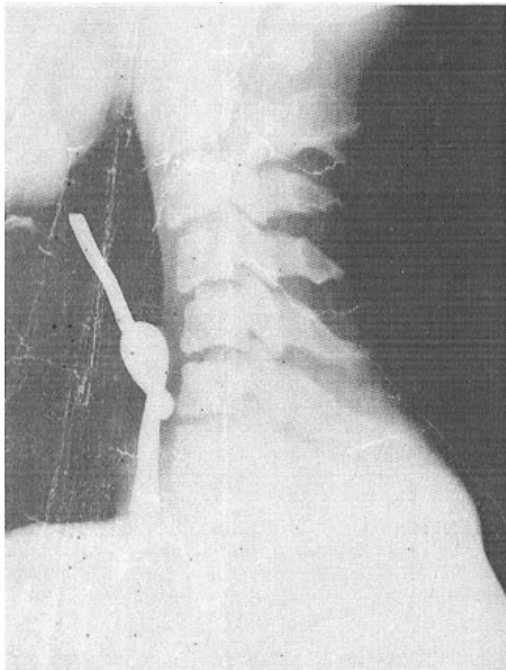


Fig 1A. X-Ray chest PA view

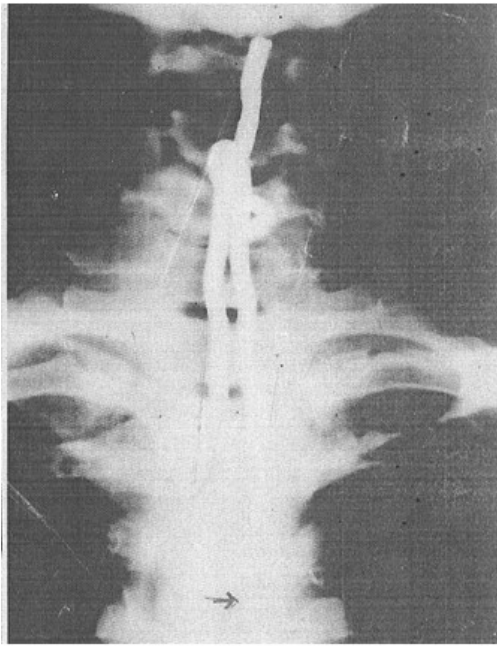


Fig 1B. X-Ray Neck Lateral View

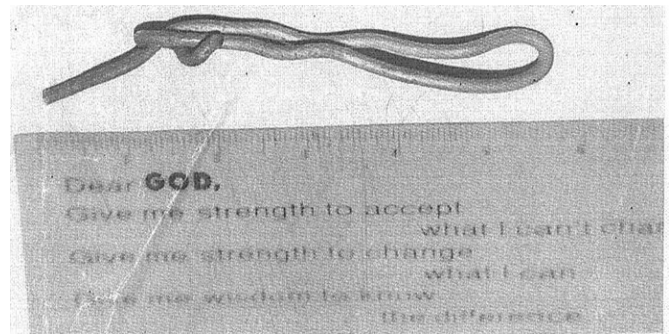


Fig. 2: The loop of copper wire

## DISCUSSION

Non accidental ingestion of foreign body raises high index of suspicion for underlying severe psychopathology and psychiatric consultation must be taken to rule out psychiatric illness (2). Though, there is no study relating unusual foreign body ingestion to particular psychiatric disorders but case reports are suggestive that patients with schizophrenia are at higher risk. Other psychiatric disorders varying from personality disorders to psychotic illnesses may also be associated. In case under discussion the foreign body was essentially an epiphenomenon of psychotic illness the patient suffered. The patients with psychotic illnesses seldom report any of the symptoms (1). So mere removal of the foreign body would not suffice, as there are chances of such untreated (with psychotropics) patients presenting with more severe emergencies in future. The institution of appropriate surgical skills at well equipped centers in case of ingestion of.

## REFERENCES

1. Almac & Gonullu, 1988; Jeen et al, 2001) ; Accidental ingestion of foreign bodies (FB) by children is a common eventuality
2. O'Sullivan et al, 1996; Aggarwal & Sinha, 2006; Gitlin et al, 2007; Prisoners and those suffering from psychiatric illness.
3. Warren YA and Benjamin W; Large FB like long and thick metallic wire is rarest.
4. William KW; A FB at the junction of aero-digestive tract.

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