

# A Rare Foreign Body in Esophagus

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## SUMMARY

Foreign bodies in esophagus are a very common occurring in the ENT emergency. During the emergency an ENT surgeon comes across various objects in esophagus and rigid esophagoscopy is still the main stay treatment even today with miraculous results and negligible complications. With changing times the type of foreign bodies have changed however, the issue remains the same that foreign bodies are routinely lodged in esophagus and there is no definite policy regarding this issue by the government or media who should realize the impact of an avoidable/ preventable emergency.

## INTRODUCTION

The department of ENT of King Edward medical University and Mayo Hospital, Lahore is the oldest established institute and has served as parent unit in the whole of the country producing many great surgeons<sup>1</sup>. Despite decades of the serving this department one surgical emergency operation has remained constant which is foreign bodies in the esophagus. The creator of rigid esophagoscope in the 1920 never would have realized the therapeutic efficacy of his creation because he never visited the above mentioned institute. Mr. Chevalier Jackson<sup>2</sup> must be very proud of our department's achievements with the rigid esophagoscope. Approximately 6-7 i.e., one a day and in some days more but never less a child presents in the department of emergency ENT with something lodged in the esophagus. Mostly, all of them require rigid esophagoscopy for its removal. With changing times the things that have been removed from the esophagus range from the usual coin, battery cell, bolts, nuts, screws, whistle, car keys to even a full size stainless steel spoon.

## CASE

A 12 years old child presented to the Department of ENT in emergency with dysphagia, refusal to eat, drooling, coughing, vomiting, gagging, regurgitation and severe irritability which was sudden in onset started only 15 minutes ago. The patient himself reported swallowing something but out of fear of parents refused to tell what it really was till the radiographs were available. The patient was stabilized with I/V line maintained, blood samples taken to rule out any metabolic disease and to make giving general anesthesia, medicines were given to calm the esophagus and relax the child, complete history and examination was done which showed no such issue other than a foreign body ingestion which is quite common. The patient was sent to radiology department for emergency radiographs which came back in 5 minutes.

Radiographic investigations used in our hospital are a foreign body series which is a combination of a soft tissue lateral neck view and a wide chest radiograph including the oropharynx, chest and abdomen. Classically it came out to be a foreign body in esophagus oriented coronal.



Recently a newly advanced used of metal detectors to look for metal foreign bodies<sup>3</sup> have started but this facility is not available in our hospital. Of course it has added advantage of less radiation exposure to child.

**Circumstances:** Yale a famous lock manufacturing company<sup>4</sup> who have been securing our homes and apartments since ages have recently been replaced here in Lahore by these new Chinese locks which comes under different names and are extremely cheap. So the radiopaque shadow seen above is known to everyone here in Pakistan that it is the main door lock key. The child was playing with it and swallowed it because the child wanted his father to take him out so he hid the main door lock key where only an ENT surgeon could find it and in no way in hell that the child father would be able to retrieve. What a sensible child indeed!!! The father did take him out for a ride on his bike but to the nearest hospital that then referred him to our hospital

**Pathophysiology:** Pathophysiologic considerations for ingested foreign bodies on three things<sup>5</sup>:

- Narrow anatomical sites within the esophagus.
- The physical characteristics of the foreign body.
- Body's reaction to the foreign body.

**Treatment:** Endoscopic removal using rigid endoscope with fiber-optic light remains the modality of choice even today. This main door mega lock key 58mm in length, 30mm in width and 3mm thick was removed under general anesthesia with rigid esophagoscope at 16cm from upper incisors. Recovery and post-operative period went uneventful and patient was sent home with postop work up.

## DISCUSSION

Most children with esophageal foreign bodies are brought to medical attention by their parents because ingestion was witnessed or reported to them<sup>6</sup>. Most parents thus give an excellent history but many parents who are not educated and have come for the first time to the city from the country side are too scared to give a correct history out of fear and being scared of surgical intervention.

All children with a history of foreign body ingestion should undergo radiographic evaluations. Radiolucent objects will require direct visualization or contrast radiographs for location specification<sup>5</sup>. Endoscopic removal under general anesthesia is the treatment of choice and must be done within 24 hours of ingestion with an on-table radiograph taken. Disc batteries and sharp foreign bodies must be urgently removed on emergency basis. Secondary airway compromise from upper GI impaction necessitates immediate removal of ingested object<sup>5</sup>.

It is difficult to prevent toddlers from examining things with their mouths but home safety measure and strict vigilance about leaving objects within children reach are helpful. Discussion with parents is recommended about the so as to avoid such instances<sup>7</sup>. Adult presence is recorded in the preponderance of the cases and the most common activity the child was doing was playing<sup>8</sup>. Prevention of ingestion of foreign bodies is not addressed adequately by the Government, media, Health department, Pediatrics department, family physician even preventive pediatrics, families and even between parents-biggest reason being lack of education, both in terms stressing the need of active supervision of children when playing, eating or interacting with objects inadequate to their age and not supposed to be within reach. They must also be informed about the prompt interventions, since FBs ingestion is often not perceived as an accident requiring an urgent and specialized treatment<sup>8</sup>.

The inadequacy of the adult supervision has been largely reported and shows the importance of implementation of education campaigns meant to properly estimate the overall risk benefits of decrease in foreign body ingestion. In this context, doctor's role is fundamental in educating adults dealing with children, not only from a preventive point of view, but also in diminishing the impact that this kind of injuries has on public health<sup>8</sup>.

## REFERENCES

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