

[PICTURES IN CLINICAL MEDICINE]

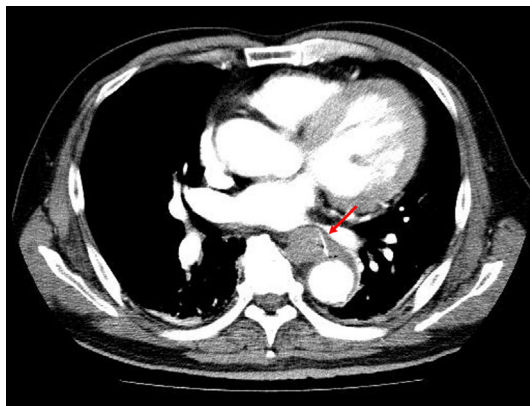
Esophageal Perforation by Fish Bone Complicated with Pseudoaneurysm

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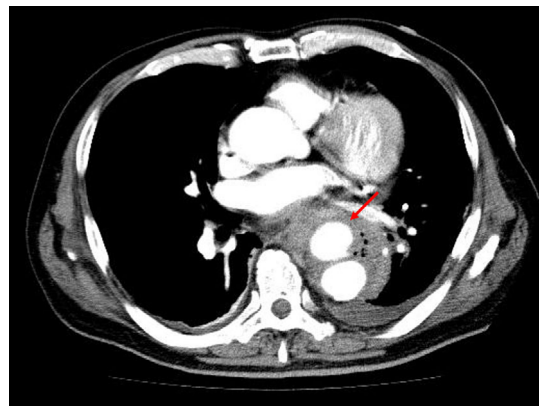
Key words: esophageal perforation, fish bone, pseudoaneurysm

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Picture 1.



Picture 2.

A 69-year-old man presented to the emergency department with chest pain. He had a history of angina pectoris. Emergent coronary angiography showed no significant stenosis. Computed tomography (CT) showed a linear shadow in the middle part of the esophagus, suggesting a fish bone (Picture 1, arrow). However, it was recognized as an artifact at the first diagnosis. The laboratory tests showed a $10.1 \times 10^3/\text{mm}^3$ white blood cell (WBC) count, 1.1 $\mu\text{g}/\text{mL}$ d-dimer level and 0.6 mg/dL C-reactive protein (CRP) serum concentration at hospital admission. He was discharged from the hospital and referred to the gastroenterological department for a further examination. Six days later, he was readmitted to the hospital with recurrent chest pain. The laboratory tests on the second visit revealed a $14.8 \times 10^3/\text{mm}^3$ WBC count, 4.5 $\mu\text{g}/\text{mL}$ d-dimer level and 31.1 mg/dL CRP serum concentration. A detailed medical interview revealed that he had first experienced chest discomfort after eating a meal that included fish. Second CT of the chest showed a pseudoaneurysm of the descending aorta (Picture 2, arrow). An early diagnosis and repair surgery are recommended be-

cause both esophageal perforation and pseudoaneurysm carry a high risk of mortality (1, 2). He underwent resection of the pseudoaneurysm, aorto-aorta anastomosis, omental coverage and enterostomy as well as adequate drainage and antibiotics administration.

The authors state that they have no Conflict of Interest (COI).

References

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