Article published online: 2022-12-13

Emergency call: "Doctor I swallowed a stick"

OPEN ACCESS

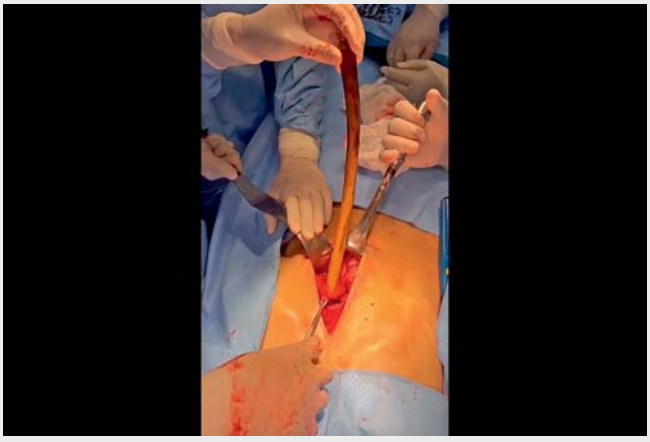
Foreign bodies represent one of the most frequent emergencies in the practice of gastroenterology. About 80 % of cases resolve or the foreign body is passed spontaneously. Approximately 10 %–20 % of foreign bodies require endoscopic extraction and fewer than 1 % require surgical removal [1].

A 52-year-old man arrived at the emergency department complaining of abdominal pain that had developed over 24 hours. The pain had started soon after he had swallowed a wooden stick, following auditory hallucinations that instructed him to do so. On physical examination the foreign body was palpable in the mesogastrium, with pain on mobilization (▶ **Video 1**).

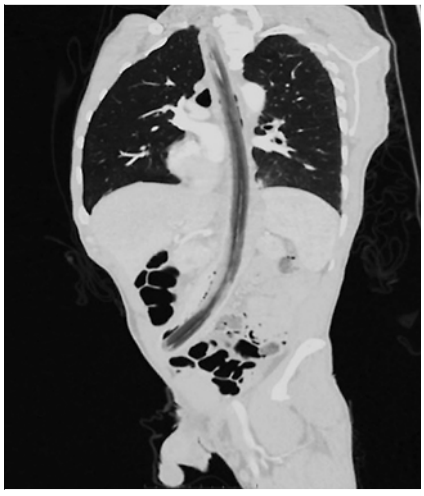
Abdominal tomography (▶ **Fig. 1**) and volumetric reconstruction (▶ **Fig. 2**) were performed to determine the dimensions of the artifact and any signs of perforation. Endoscopy was performed, and at 20 cm from the dental arch a distal portion of the foreign body corresponding to a wooden artifact was evident, with multiple mucosal lacerations and wood splinters located in the esophageal mucosa; in addition, there were erythematous and necrotic mucosal changes (▶ **Fig. 3**, ▶ **Video 1**). An unsuccessful attempt was made to remove the foreign body using a loop clamp. It was decided to proceed with surgery.

Gastrotomy was performed, and a long wooden artifact, which was curved, 30 cm long, and about 2 cm in diameter, was extracted (▶ **Fig. 4**, ▶ **Fig. 5**; ▶ **Video 1**). The patient's postoperative course was adequate; mental health evaluation led to a diagnosis of schizophrenia as a personality disorder.

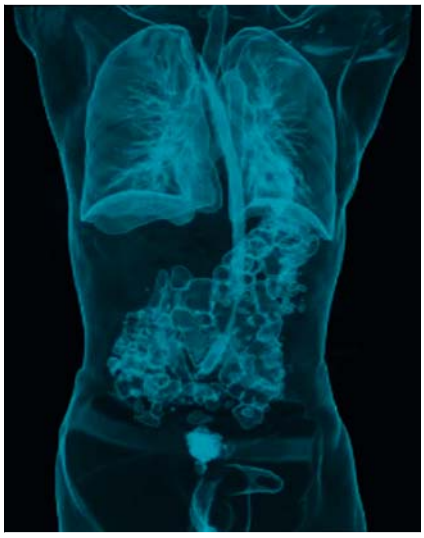
Intentional ingestion of foreign bodies occurs in a relatively small number of psychiatric patients. Endoscopic extraction is effective and safe; however in rare cases such as this one, general anesthesia and surgical extraction are mandatory. The esophageal foreign body in the present case is the largest currently reported [2].



Video 1 Management of ingested foreign body 30 cm in length: physical examination; endoscopy showing a portion of a wooden artifact, as well as multiple splinters, erythema and necrotic changes in the esophageal mucosa; and finally surgical removal.



▶ **Fig. 1** Coronal abdominal computer tomography image in pulmonary window: the hypodense area completely occupies the esophagus including its abdominal portion, and corresponds to a foreign body approximately 30 cm in length.

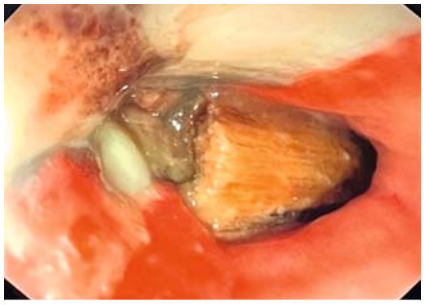


▶ **Fig. 2** Volumetric reconstruction shows a foreign body occupying the entire esophagus, not affecting the trachea and without signs of perforation.

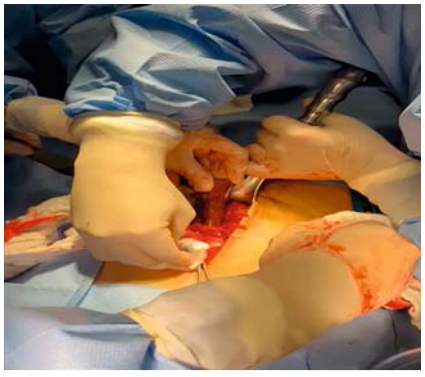
Endoscopy_UCTN_Code_CCL_1AB_2AF

Competing interests

The authors declare that they have no conflict of interest.



▶ **Fig. 3** The wooden artifact as seen in the esophagus.



▶ **Fig. 4** The foreign body was removed surgically.

▶ **Fig. 5** Foreign body measuring 30 cm in length and 2 cm in diameter.

The authors

Cándida M. Leiva Pineda[1], Katherine E. Maldonado Cardona[1], María J. Solorzano Alfaro[1], Luis F. Quevedo Alvarado[1], Abel A. Sánchez Orozco[1], Evelyn R. Mena Pineda[2], Eliú C. Hernández Cordón[3]

1 Unit of Gastroenterology, Roosevelt Hospital, Guatemala
2 Department of Radiology, Roosevelt Hospital, Guatemala
3 Department of Surgery, Roosevelt Hospital, Guatemala

Corresponding author

Katherine E. Maldonado Cardona, MD
Unit of Gastroenterology, Roosevelt Hospital of Guatemala, Roosevelt Causeway 01011, Guatemala City, Guatemala
katherinemaldonadoc26@gmail.com

References

[1] Huang B, Rich H, Simudson S et al. Intentional swallowing of foreign bodies is a recurrent and costly problem that rarely causes endoscopy complications. Clin Gastroenterol Hepatol 2010; 11: 941–946. doi:10.1016/j.cgh.2010.07.013
[2] Poynter B, Hunter J, Coverdale J et al. Hard to swallow: A systematic review of deliberate foreign body ingestion. Gen Hosp Psychiatry 2011; 33: 518–524. doi:10.1016/j.genhosppsych.2011.06.011

Bibliography

Endoscopy 2023; 55: E303–E304
DOI 10.1055/a-1981-2144
ISSN 0013-726X
published online 13.12.2022

Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany