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Endoscopic Extraction of an Unusual Foreign Body at the Somine Dolo Hospital in Mopti

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Abstract **Case Report**

The esophagus is the most common site of impaction of an ingested foreign body. The main initial symptom is acute dysphagia; Patients with complete esophageal obstruction produce excessive amounts of saliva and are unable to swallow oral secretions. Complete obstruction can cause pressure necrosis and increases the risk of perforation if present for more than approximately 24 hours. Emergency endoscopy is necessary for sharp objects, disc or button batteries, and any obstruction causing symptoms that suggest complete obstruction. We report through this observation the extraction of an unusual esophageal foreign body at the Sominé Dolo hospital in Mopti. This was a 60-year-old patient, a farmer, with no known medical or surgical history to date, and no particular psychiatric disorder. The accidentally ingested foreign body was a cap from a recycled vinegar bottle. An attempt at extraction in the ENT department was made without success, then subsequently sent to the Hepato-gastroenterology unit. The endoscopic extraction of the foreign body was carried out without incident and the evolution was favorable after the endoscopy procedure.

Keywords: Esophagus, foreign body, endoscopy, HSD-Mopti.

I. INTRODUCTION

Food and various other swallowed objects can become blocked in the esophagus. Foreign bodies in the esophagus cause dysphagia and sometimes perforation. The diagnosis is clinical, but imaging and upper endoscopy may be necessary. Some objects are spontaneously removed, but ablation or pushing the object back endoscopically is often necessary [1].

The ingestion of foreign bodies (CE) in adults is 20% less common compared to 80% in children and is most often accidental [2, 3]. Usually, the diagnosis is raised during questioning of the subject or those around them who specify the nature and circumstances of the ingestion of the foreign body. This is a distressing situation for the patient regarding his progress. In most cases, these foreign bodies pass spontaneously along the digestive tract. The use of endoscopic extraction is often necessary before surgery, which only represents 1% of cases [2-4]. The aim of this work was to report our experience in the management of ingested foreign bodies through this specific case.

II. PATIENT AND OBSERVATION

1. Circumstance of Occurrence

The incident occurred when the patient was in his rice fields, consuming traditional cream [Dègai], contained in a recycled vinegar bottle, the cap was removed, but held by his thumb on the tip of the bottle. Inadvertently the first sip was ingested with the cap which became stuck in the esophagus causing retrosternal pain, aphagia and hypersialorrhea. After several attempts at self-induced vomiting without success, the patient was taken to Sominé Dolo hospital in Mopti less than 24 hours fast.

2. SUPPORT

Initially performed in the ENT department after a frontal chest X-ray, without radio-visible and without sign of perforation, the patient was subsequently referred to the Hepato-gastroenterology unit.

– On physical examination the patient was distressed, BP: 100/60 mmHg, pulse: 100 pulses/min, temperature: 37°C.

Esogastroduodenal Fibroscopy

Premedication with lidocaine gel 2%, easy introduction under visual control, average tolerance, the foreign body was initially embedded in the middle 1/3 of the esophagus on its dorsal side. Considering the difficulty of grasping with our foreign body forceps, we proceed into the stomach through the gastroscope for a better grasping position.

The ascent was difficult at the level of the cardia because of the size of the foreign body and the digestive spasms with several drops but succeeded. The extraction time was 30 min, which took place without incident.

III. COMMENTS

Most foreign bodies are eliminated naturally. Only foreign bodies dangerous by their shape or embedded will require an extraction procedure, most often endoscopic before the appearance of complications (perforation, infection) [5].

Many patients report a clear history of ingestion; those with significant symptoms suggestive of complete obstruction should undergo immediate therapeutic endoscopy. Patients who have minimal symptoms and no significant risk factors (eg, ingestion of sharp objects, disc or button batteries, or illicit drug packets) who can swallow normally may not have an impacted foreign body and can be monitored until symptoms resolve [6].

Foreign bodies that are not removed within 24 hours should be removed because any delay increases the risk of complications, including perforation, and decreases the likelihood of successful ablation [7].

Endoscopic advancement of the bolus into the stomach or its ablation is the treatment of choice. Endoscopic advancement is preceded by a test passage of the endoscope around the bolus and an examination of the esophagus distal to the bolus (eg, for narrowing of the lumen or obstructive lesions), then applying light pressure in the middle of the food bowl. To minimize the risk of perforation, this procedure should only be performed by an experienced endoscopist. Extraction is easiest using forceps, a basket handle or a lasso, preferably with an overtube previously placed in the esophagus or orotracheal intubation to prevent aspiration and protect the airway [8].

CONCLUSION

The majority of foreign bodies can descend without endoscopic or surgical procedure; for those which do not descend, an extraction fibroscopy may be indicated as first intention. The best way is prevention.

Figure 1: Cap after extraction

REFERENCES

1. Birk, M., Bauerfeind, P., Deprez, P. H., Häfner, M., Hartmann, D., Hassan, C., ... & Meining, A. (2016). Removal of foreign bodies in the upper gastrointestinal tract in adults: European Society of Gastrointestinal Endoscopy (ESGE) Clinical Guideline. *Endoscopy*, 489-496.
2. Lachaux, A., Letard, J. C., Laugier, R., Gay, G., Arpurt, J. P., Boustière, C., ... & Védrenne, B. (2007). Les corps étrangers ingérés. *Acta endoscopica*, *37*, 91-93.

3. Mathys, P., D'Angelo, F., Frossard, J. L., & Bichard, P. (2020). Management of foreign bodies ingestion. *Revue Medicale Suisse*, *16*(704), 1560-1563.
4. Seydou, T., Moussa, A. O., Xing, L., Shang, W. Y., & Sékou K. (2017). Prise en charge des corps étrangers enclaves de l'œsophage: à propos de 36 cas. *Pan African Medical Journal*, *27*, 207.
5. Jgounni, R., Louzi, A., Finech, B., Gharaba, S., Elfadil, K., Samlani-Sebbane, Z., ... & Krati, K. (2011). Ingestion de corps étrangers chez l'adulte: approche épidémiologique, clinique et thérapeutique dans la région de Marrakech. *J Afr Hépato-Gastroentérol*, *5*, 232-235.
6. Zubair, M. *MD*. (2023). *Lewis Katz School* of *Medicine at Temple University*. *Vérifié*/*Révisé avr*. https://www.msdmanuals.com › professional › revue-g...
7. Ikenberry, S. O., Jue, T. L., Anderson, M. A., Appalaneni, V., Banerjee, S., Ben-Menachem, T., ... & ASGE Standards of Practice Committee. (2011). Management of ingested foreign bodies and food impactions. *Gastrointestinal endoscopy*, *73*(6), 1085-1091. doi: 10.1016/j.gie.2010.11.010.
8. Fung, B. M., Sweetser, S., Song, L. M. W. K., & Tabibian, J. H. (2019). Foreign object ingestion and esophageal food impaction: an update and review on endoscopic management. *World journal of gastrointestinal endoscopy*, *11*(3), 174. doi: 10.4253/wjge.v11.i3.174.