

Oesophageal Foreign Bodies - from Diagnostic Challenge to Therapeutic Dilemma

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Abstract

Ingestion of foreign bodies, common in the emergency services, remains a challenge for physicians despite preventive measures and technical progress due to the frequency and possible complications, serious complications that can darken vital prognosis or may be a source of remote morbidity. Clinical experience at "St. Mary" Hospital included, between 2000-2015, 39 patients diagnosed with FB ingestion, of which 26 fixed in the oesophagus, with the remaining 13 having spontaneously progressed along the digestive tract (5 recovered from the stomach, 6 naturally evacuated, and 2 cases with colic perforation). Oesophageal foreign bodies occur consecutively to (in)voluntary ingestion, the vast majority of them passing unnoticed. The most frequently encountered types are coins, batteries, needles, various sharps objects, food, bone fragments, cartilages, pieces of plastic, glass, etc., FB impaction at oesophageal level being usually conditioned by the 3 anatomical narrowings. Typically, FB ingestion occurs at extreme ages, 60% of patients being pre-school children (<6 years), with an even higher percentage - between 70-80% between 6 months and 2 years of age - and only 15% elderly, frequently edentulous. Usual clinical signs, in the absence of complications, are: dysphagia, hypersialorrhoea, low cervical and / or chest strain, sometimes vomiting. Not at all infrequently (30%!), we notice the absence of any sign. Alarming manifestations, which indicate the development of complications, are pyrexia, general physical health deterioration, pain (with vertebral / interscapular projection), pulping, subcutaneous cervical emphysema. Diagnosis via various imaging methods (simple radiography, barium swallow, CT, MRI) remains the essential link in identifying the lesion and establishing a therapeutic approach. Endoscopic evaluation (rigid or flexible) is mandatory, also allowing therapeutic gestures. In terms of progression, 80-90% of FB pass into the stomach, being eliminated naturally, about 10-20% require endoscopic extraction, and only 1% of cases require surgical intervention. Treatment of uncomplicated cases is essentially endoscopic, surgery to extract the foreign body being necessary in exceptional cases. In case of complications, surgery is the only reliable therapeutic resource. Oesophageal foreign bodies frequently represent an emergency, with symptomatic functional features contrasting with the poor clinical signs present, requiring extraction via the natural pathways as treatment in most cases. The most effective "treatment" remains prevention and raising awareness in parents with children ≤6 years, while the most important element in the management of FB is to maintain the airways free.

Key words: oesophageal foreign body (FB), FB oesophageal impaction, FB diagnostic and therapeutic management