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Case Report

An unusual case of meat bolus impaction in an adult

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ABSTRACT

Esophageal food impaction is a common emergency faced by ENT surgeons and gastroenterologists. It is important to know what techniques and instruments are indicated for different situations. Endoscopic treatment is a reliable and safe procedure in skilled, expert hands with a high success rate and low morbidity and mortality.

Keywords: Foreign body ingestion, Meat bolus, Oesophagoscopy, Adult

INTRODUCTION

A food bolus obstruction of the oesophagus represents a potentially serious medical problem. Most of them pass through the digestive tract without causing clinical manifestations or complications but a significant percentage is impacted in the esophagus causing vomiting, sore throat, dysphagia and drooling. Foreign body ingestion is associated with significant morbidity. Awareness of these possible complications and a high index of suspicion is the key to successful management. Food bolus obstruction is a gastroenterological emergency that warrants swift endoscopic removal.[1]

CASE REPORT

A 27-year-old male was admitted to the emergency department with symptoms including choking, drooling from the mouth and difficulty in swallowing. He reported eating boneless chicken the night prior when he felt the food get lodged in his throat. In the emergency department, his vital signs were stable and physical examination was unremarkable. Radiological investigation; shows a radiograph of the chest showing no gross abnormalities (Figure 1). Food impaction was suspected and emergency rigid esophagoscopy was performed. Foreign body was visualized at 34 cm from upper incisor and removed successfully with no post-operative complications. Clinical photograph shows the foreign body (meat bolus) after removal (Figure 2).

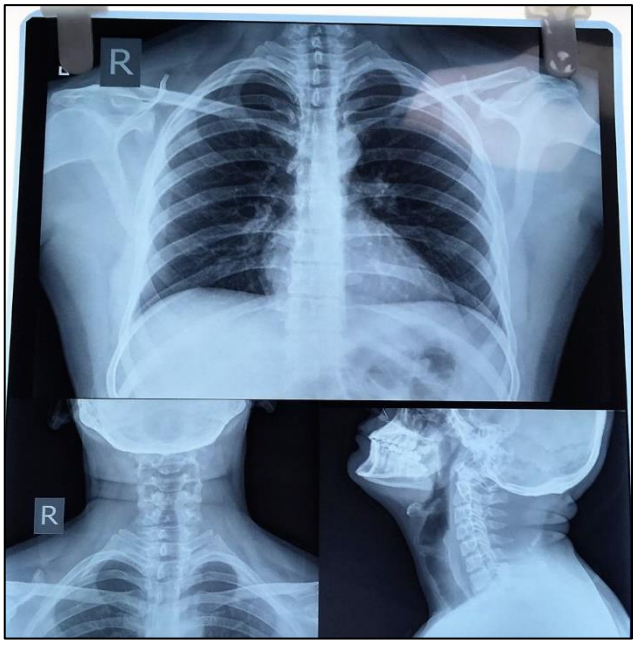

Figure 1: Radiograph of the chest of no gross abnormalities.

Figure 2: The foreign body (meat bolus) after removal.

DISCUSSION

Foreign object ingestion and esophageal food bolus impactions are common problems faced by Otorhinolaryngologists. Fortunately, the majority of ingested foreign objects and food boluses will pass spontaneously. However, 10% to 20% may become lodged in the esophagus or other locations in the gastrointestinal tract and may require non-operative intervention, and 1% or less will require surgery.[2]

However, impaction in the esophagus may cause symptoms such as diffuse chest pain or pressure, dysphagia, odynophagia, a sensation of choking, and neck or throat pain. Odynophagia may occur as a result of distension of the esophagus by food bolus, but it is also a marker for esophageal injuries such as laceration, abrasion or perforation.[3] Retching and emesis are also very common, and patients sometimes try to self-induce vomiting in an attempt to dislodge the object. Patients with a high-grade esophageal obstruction may experience hypersalivation and may be unable to swallow any liquids, including their own saliva.[4]

Radiographic evaluation is useful to detect any associated complications, such as free mediastinal air from perforation; however, food boluses, including fish or chicken bones, are radiolucent and not readily visualized on plain radiographs.[5] A contrast examination should not be performed because of the risk of aspiration. The standard treatment of food bolus obstruction is the use of endoscopy or fibre-optic cameras inserted by mouth into the esophagus.[6] Endoscopes can be used to diagnose the cause of the food bolus obstruction, as well as to remove the obstruction.

CONCLUSION

Ingestion of food bolus impactions is common. The clinical approach depends on the type of ingested foreign body, symptoms and clinical findings. In most of the foreign body ingestions, the objects will pass spontaneously throughout the gastrointestinal tract uneventfully, however, endoscopic intervention will be required in 20% of the cases and a surgical intervention in less than 1%.

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