



Unusual Esophageal Foreign Bodies: A Case Involving A Glass Shard

Tall Hady^{1*}, Ndour Ngor¹, Ndiaye Ciré², Maiga Souleymane², Pilor Ndongo², Sall Cheikh Ahmado², Loum Birame³, Ndiaye Malick⁴ and Diallo Bay Karim³

¹Department ENT Regional hospital of Saint Louis, Senegal

²Department ENT National University of Fann, Senegal

³Department ENT Regional Albert Royer, Dakar, Senegal

⁴Department ENT Regional Diamniadio, Senegal

*Corresponding author: Tall Hady, Department ENT Regional hospital of Saint Louis, Senegal

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Abstract

The ingestion of a foreign body is most often accidental in children. We report the case of a 9-year-old child, without any particular prior history of disease, who was admitted to the emergency ward of the ENT and cervicofacial surgery unit at the Regional Hospital Center of Saint Louis (Senegal) for accidental ingestion of an object during a meal (breakfast). The clinical examination found hypersalivation. Lateral cervical radiography revealed the presence of a radiopaque foreign body. Extraction of the glass shard-like foreign body was performed by endoscopy under general anesthesia. The post-operative management was straightforward.

Keywords: Foreign body; child, esophagus, endoscopy

Introduction

The ingestion of a foreign body (FB) is a relatively frequent domestic accident in children [1,2]. These esophageal foreign bodies are diverse in nature and they tend to be coins in children [2,3]. Aside from the commonly encountered types of foreign bodies, rare cases have been described in the literature [1,3-5], with some unusual findings at times. We report a case involving a glass shard-like esophageal foreign body in a boy of 9 years of age.

Observation

This case involved a 9-year-old schoolboy, with no particular prior history of disease, who was admitted to the emergency ward at the ENT unit of the Regional Hospital Center of Saint Louis (Senegal) for a suspected esophageal foreign body. Questioning of the parents revealed accidental ingestion of a glass shard-like foreign body during a meal (breakfast). The accident occurred on 8 July 2019 at approximately 12 pm. The symptomatology comprised hypersalivation, without signs of associated nausea and vomiting nor foreign body aspiration.

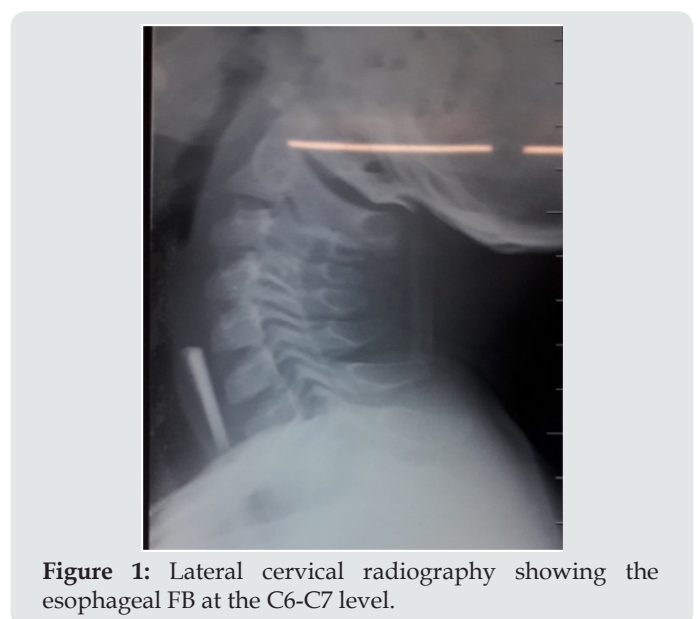


Figure 1: Lateral cervical radiography showing the esophageal FB at the C6-C7 level.

At admission, the examination found hypersalivation. The rest of the ENT examination was unremarkable. The pleuro-pulmonary examination found the patient to be apneic, and the auscultation was without anomaly. The lateral cervical radiography revealed an esophageal foreign body at the C6-C7 level that was radiopaque and that had a linear shape (Figure 1). The esophagoscopy under general anesthesia (Figure 2) found a glass shard-like foreign body (Figure 3) at the level of the Killian mouth. The extraction was performed using forceps for foreign objects. The endoscopic inspection was unremarkable, without signs of lesion of the esophageal mucosa (Figure 4). The post-operative management was straightforward.



Figure 2: The endoscopy under general anesthesia.

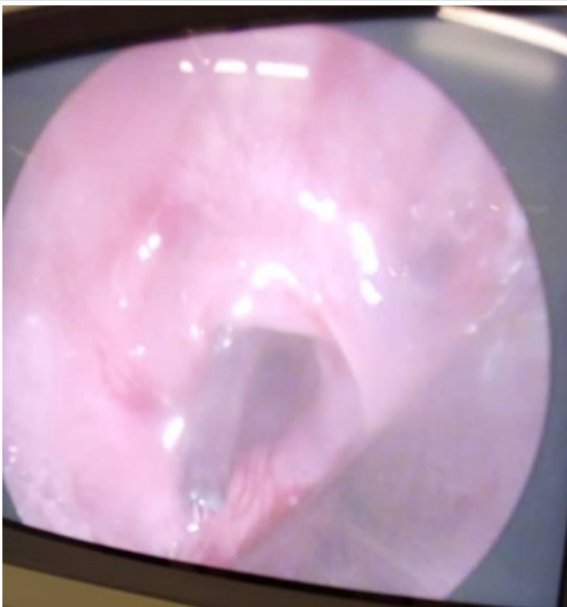


Figure 3: The esophagoscopy inspection revealing an unblemished mucosa.



Figure 4: The glass shard-like foreign body after its extraction.

Discussion

The ingestion of foreign bodies tends to be a domestic accident, typically involving young children [1,6,7]. In 80% of cases, these incidents occur before the age of 2 years, with a peak in the frequency situated between 6 months and 3 years (70% versus 30% between 3 years and 12 years of age) [2,7,8]. Various types of foreign bodies are encountered, but coins are the most frequent [2,3]. In case of an underlying pathological esophagus, food items can be a cause [8,9]. It is, however, rare to encounter a non-vegetal foreign body such as a shard of glass during a meal, as was the case here. A degree of carelessness or a lack of attention by those preparing the meal could have been responsible for this accident. The clinical symptoms are often hard to interpret, and the diagnosis is assisted by those accompanying the child and the complications that confirm the presence of the foreign body. The clinical manifestations tend to correlate with the age of the child, the nature and the size of the object, and the time since the foreign entity was ingested.

It can involve hypersalivation that can be striped with blood, nausea, vomiting, dysphagia, and dyspnea by compression of the airways, or a cough [2,3,7,8]. Complications such as esophageal perforations with a risk of displacement of the foreign body, mediastinitis, a retropharyngeal abscess, a tracheoesophageal fistula, or ulceration of the esophageal mucosa [6,9] were a concern in this observation. Lateral cervical radiography most often allows a diagnosis to be made in case of radiopaque foreign bodies, as in our case. The diagnosis can be more difficult, however, with radio-transparent foreign bodies. In these cases, upper gastrointestinal series and diagnostic endoscopy remain the key to making a diagnosis [3,7,8,10]. Accidental ingestions of foreign bodies most often go unnoticed and 80 to 90% of these esophageal foreign bodies are transported spontaneously to the stomach. Only 10 to 20% of them require extraction by endoscopy under general anesthesia [7,8]. For our patient, the extraction was by endoscopy under general anesthesia, without the occurrence of complications.

Conclusion

Glass shard-like esophageal foreign bodies are generally rare. They can be dangerous, however, due to the potential for

complications, whence the need for early and prudent endoscopic extraction. Informing and making parents aware of this danger is the best strategy for prevention.

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