

Hanging on by a thread: gastric extraction of ingested tampons



► **Fig. 1** Endoscopic view showing a tampon being extracted by grasping its cord.

A 24-year-old patient with a history of psychiatric co-morbidity presented after auto-ingestion of tampons and batteries. Both had been ingested on several occasions in the preceding 24 hours, and the patient declined to specify an exact number of ingested foreign bodies.

While we were able to easily extract the batteries with a snare, the extraction of the tampons presented a challenge. A single guideline [1] mentions tampon ingestion, but does not elaborate the endoscopic technique required for effective extraction. The tampons were swollen with gastric secretions and were too wide to be passed through an overtube, while a Roth net basket was too small to fully grasp the tampon. A snare provided excellent grip when grasping the tampon in its middle, but this transverse alignment of the tampon made it too wide to pass through the gastroesophageal junction (GEJ). The use of a snare or Rockstar basket to grasp the side of a tampon provided insufficient grip to pull the tampon across the GEJ. Finally, capture of the tampon cord allowed both an effective grip and the necessary longitudinal alignment with the GEJ for successful extraction (► **Fig. 1**; ► **Video 1**), and allowed the extraction of 15 tampons, along with seven batteries (► **Fig. 2**).

To the best of our knowledge, this is the first report describing gastric extraction of ingested tampons, and we believe that the method presented here pro-



► **Video 1** Gastric extraction of multiple ingested tampons.



► **Fig. 2** Photograph of the extracted foreign bodies.

vides an effective way of extracting such challenging objects from the upper gastrointestinal tract.

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Competing interests

The authors declare that they have no conflict of interest.

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