Extraction of a large mollusc shell impacted in the cervical esophagus: a twin-grasping approach could be the answer

A 57-year-old man with a history of bipolar disorder presented to the emergency room with a 48-hour history of aphagia without dyspnea. A chest X-ray revealed a calcium-dense foreign body in the cervical esophagus. Given the long symptom duration, a chest computed tomography scan was performed, ruling out complications (▶ Fig. 1). In accordance with European Society of Gastrointestinal Endoscopy recommendations [1], we performed an emergency therapeutic endoscopy within 2 hours after admission. A large mollusc shell was observed tightly impacted in the upper esophagus (▶ Video 1). Endoscopic extraction with a conventional gastroscope and diverse forceps/devices was attempted without success, despite correct grasping, due to slippage against the anchored shell. A second endoscopy was performed the following morning. We decided to switch
to a therapeutic double-channel gastroscope (Olympus Evis Exera II GIF-2TH180; Olympus, Tokyo, Japan) and used two foreign body forceps (alligator- and rat-tooth forceps) simultaneously and in parallel, in an attempt to achieve a better grasping force (▶Fig. 2). After a few attempts with the two forceps, which were handled by two assistants performing continuous but low-power traction, a 36-mm mollusc shell was extracted (▶Fig. 3). Endoscopic review following extraction showed two deep mucosal tears in the cervical esophagus (▶Fig. 4a). Given no local complication was identified, no further treatment was performed. In a follow-up endoscopy before discharge, mucosal healing without stenosis was confirmed (▶Fig. 4b).

Foreign body ingestion and food bolus impaction are commonly encountered in clinical practice, and approximately 10%–20% of cases require endoscopic removal [1]. Working with two parallel foreign body forceps on the same axis as the gastroscope allows a more consistent and better distributed traction force in the correct direction over two points, which also prevents slippage [2, 3].

Corresponding author

Oscar Nogales, MD
Department of Digestive Diseases, Endoscopy Unit, Hospital General Universitario Gregorio Marañón, Madrid, Spain
oscarnogalesrincon@gmail.com

References