Endoscopic removal of an embedded esophageal fishbone with rat tooth forceps

A 56-year-old woman presented to our hospital with a sore throat after having eaten a fish 15 days earlier. Computed tomography (CT) revealed a strip of high-density shadow embedded in the anterior wall of the proximal esophagus. Endoscopy only demonstrated a localized bulge of the esophagus with smooth mucosa (▶ Fig.1). Endoscopic ultrasonography suggested a hyperechoic lesion in the esophageal submucosa with posterior shadowing (▶ Fig.2). Based on these examinations, a diagnosis of fishbone invasion into the esophageal submucosa was considered, so we performed an endoscopic submucosal dissection (ESD) but failed to find the fishbone. We therefore attempted to find the fishbone using a rat tooth forceps, and this was successful (▶ Fig.3). A 2-cm-long fishbone was extracted with the forceps (▶ Fig.4) and the wound was clamped closed with several metal clips (▶ Video 1).

A fishbone invading the submucosa and intrinsic muscular layer of the esophagus is rare. Endoscopy commonly suggests a submucosal bulge, which is easily misdiagnosed as a malignant tumor [1]. To manage such cases, ESD after the foreign body has been accurately located under EUS guidance is usually effective [2]. However, in our case, ESD failed to find the fishbone under EUS guidance; instead, the fishbone was found and smoothly removed using the rat tooth forceps.

In conclusion, rat tooth forceps may be a good choice to find a fishbone that remains hidden after ESD.

Endoscopy_UCTN_Code_CCL_1AB_2AZ
Competing interests

The authors declare that they have no conflict of interest.

The authors

Jin Yu Wu, Li Jiang, Bo Yu Ma, Huan Xv, Chuan Kang Tang, Lei Shi
Department of Gastroenterology, The Affiliated Hospital of Southwest Medical University, Luzhou, P. R. China

Corresponding author

Lei Shi, MD
Department of Gastroenterology, The Affiliated Hospital of Southwest Medical University, Luzhou 646000, P. R. China
leishi@swmu.edu.cn

References


Bibliography

Endoscopy
DOI 10.1055/a-1816-8110
ISSN 0013-726X
published online 2022
© 2022. The Author(s).
This is an open access article published by Thieme under the terms of the Creative Commons Attribution-NonDerivative-NonCommercial License, permitting copying and reproduction so long as the original work is given appropriate credit.
Contents may not be used for commercial purposes, or adopted, remixed, transformed or built upon. (https://creativecommons.org/licenses/by-nc-nd/4.0/)
Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

ENDOSCOPY E-VIDEOS
https://eref.thieme.de/e-videos

Endoscopy E-Videos is an open access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online. Processing charges apply (currently EUR 375), discounts and waivers acc. to HINARI are available.

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos