Impact esophageal foreign bodies are a relatively common indication for urgent endoscopy [1]. We report a case, and demonstrate with video, the endoscopic removal of a perforating fish bone and the endoscopic closure of the perforation.

A 52-year-old man presented with odynophagia and retrosternal pain of 9 hours duration following a fish meal. Chest radiographs were normal. Upper endoscopy demonstrated a fish bone impacted transversely at 25 cm (**Fig. 1**). Gas was seen bubbling from both points of entry into the esophageal wall. Manipulation with rat-tooth forceps confirmed that the fish bone was deeply embedded bilaterally. Using biopsy forceps with a serrated cup (Radial Jaw Force 4, Boston Scientific, Nanterre Cedex, France), the fish bone was carefully removed, initially moving it laterally to disimpact one end. The free end was then advanced distally in the lumen to disimpact the other end (**Fig. 2**, **Video 1**). Subsequently the fish bone was laid down on the esophageal mucosa and the end grasped to enable peroral removal. The two mucosal defects were closed with a single Resolution Clip (Boston Scientific) to each. A computed tomography scan (**Fig. 3**) demonstrated gas in the posterior mediastinum as well as in the esophageal wall.

The patient was managed conservatively with intravenous antibiotics and gut rest. At 6 weeks review (**Fig. 4**) the patient was well and asymptomatic.

Endoscopy_UCTN_Code_CCL_1AB_2AC_3AH
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Endoscopy 2010; 42: E75–E76
© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

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