A prisoner (42 years old) was admitted to a hospital emergency department after swallowing razor blades in a suicide attempt. The patient had no symptoms such as retrosternal pain or dysphagia. The blades were extracted endoscopically, which caused longitudinal esophageal lesions and acute bleeding. The insertion of a Sengstaken-Blakemore tube initially stabilized the patient. After the tube had been deflated, massive hematemesis with hypovolemic shock required the insertion of a self-expanding metal stent (SEMS) (SX-Ella DANIS Stent; ELLA-CS Co., Hradec Kralove, Czech Republic) (Fig. 1).

During hospital treatment, the patient developed a bilateral pulmonary embolism that needed high intensity anticoagulation. The patient then suffered again from severe hematemesis. Massive transfusion (hemoglobin 5 mg/dl), orotracheal intubation, and cardiopulmonary resuscitation was necessary. Upper gastrointestinal endoscopy showed pulsatile arterial bleeding. Computed tomography (CT) angiography revealed an aortoesophageal fistula, probably also of traumatic origin as a consequence of the razor blade extraction (Fig. 2).

An endoluminal stent graft (Zenith Endovascular Graft; Cook Ltd., Limerick, Ireland) was implanted in the aorta via the left femoral artery (Fig. 3).

The patient recovered well; even under high-intensity anticoagulation, the patient experienced no bleeding when the stent was extracted.

The ingestion of foreign bodies is frequently seen in pediatric or psychiatric patients, and can cause severe morbidity and mortality. Endoscopy is an important diagnostic and therapeutic tool, although foreign bodies usually pass spontaneously [1,2]. Even ingestion of potentially harmful objects such as razor blades seldom leads to severe complications [3]. New stent devices offer a safe and effective treatment option for acute and refractory variceal bleeding [4,5] and severe injuries of the gastrointestinal tract [6]. An aortoesophageal fistula is a rare complication of swallowing a foreign body, typically fish or chicken bones [7].

In our patient the esophageal bleeding was stopped effectively using an atrau-
matic membrane-covered SEMS. The aortoesophageal fistula that was secondary to the treatment was treated by endovascular stent grafting. Both techniques may be an alternative to surgical intervention. These results for esophageal bleeding have to be confirmed by randomized controlled trials with a large number of patients.

**Competing interests:** None

**References**


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Endoscopy 2010; 42: E201–E202
© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

**Corresponding author**

D. Domagk, MD
Department of Medicine B
University of Muenster
Albert-Schweitzer-Straße 33
D-48149 Muenster
Germany
Fax: +49-251-83-47570
domagkd@uni-muenster.de

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**Fig. 3** Computed tomography (CT) scan showed the endoluminal and endovascular stent grafts to be in the correct positions, with no important leakage.

E. Kaya¹, P. Lenz², P. Lebiedz¹, K. Baumgarten¹, J. Wessling³, D. Domagk²
¹ Department of Cardiology and Angiology, University of Münster, Germany
² Department of Medicine B, University of Münster, Germany
³ St. Bonifatius Hospital Lingen, Germany
⁴ Department of Clinical Radiology, University of Münster, Germany

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Endoscopy_UCTN_Code_TTT_1AO_2AZ**