Endoscopic management of esophageal bolus obstruction using the “oil immersion technique”

Although the majority of esophageal bolus obstructions eventually clear spontaneously, some require medical interventions. Generally, endoscopists have to decide whether to push the bolus into the stomach or retrieve it by peroral extraction. Pushing may be preferred for objects that cannot be grabbed and extracted in their entirety [1, 2]. Peroral extraction is particularly advised for foreign bodies and in patients with a significant narrowing of the esophageal lumen that is causing the blockage distal to the bolus [3]. However, meat and vegetables in particular tend to undergo maceration, which makes retrieval and extraction laborious. We report the case of a woman who was admitted with recurrent vomiting 6 hours after eating lunch that caused complete esophageal obstruction. She had previously suffered an obstruction 1 year before when gastroesophageal reflux disease (GERD)-associated stenosis of the distal esophagus was diagnosed. Proton pump inhibitor (PPI) therapy had been initiated and she had remained free from dysphagia until the time of this admission.

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References

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