Impacted gastroscope in the esophagus

An 81-year-old woman with hypertension was admitted to our hospital. Because she had been suffering from persistent nausea, esophagogastroduodenoscopy was performed. During the procedure, a large hiatal hernia was identified, and the scope was successfully introduced into the distal stomach. After several attempts to intubate the duodenum, the scope slipped back into the esophagus as it retroflexed (Fig. 1 a), and a strong resistance was felt immediately. We attempted unsuccessfully to move the scope back and forth (Fig. 1 b). Under fluoroscopy, the tip of the scope was confirmed to be acutely angulated with distortion and impacted in the lower esophagus (Fig. 2).

Fig. 1 An 81-year-old woman with hypertension was treated with esophagogastroduodenoscopy; several attempts were made to intubate the duodenum. a The scope slipped back into the esophagus as it retroflexed. b Retroflexed view showing 30-cm length marker.

Fig. 2 During esophagogastroduodenoscopy in an 81-year-old woman, fluoroscopy showed that the tip of the scope was acutely angulated with distortion and impacted in the lower esophagus.

This rare adverse event must be considered prior to retroflexion in patients with a large hiatal hernia, gastric remnant, or deformed stomach.

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