Bougie dilatation is a routine procedure for benign esophageal stricture for patients in whom surgery is not feasible [1]. Repeated bougienage by the patients themselves, “self-dilation,” has been proven safe and effective [2]. The major complication of bougienage is esophageal perforation, although the incidence is only 0.04%–0.2% [3].

Case. A 74-year-old man, diagnosed as achalasia 7 years ago, underwent routine Maloney esophageal bougienation (tungsten filled and mercury free; Rusch, Lim erick, Pennsylvania, USA) (Fig. 1) at our outpatient department at regular intervals. Unfortunately, the patient misswallowed the dilator because of carelessness on 4 December 2006. Chest radiography was done immediately, and revealed a foreign body in the lower esophagus and stomach (Fig. 2). An attempt to remove the device with an endoscopic extractor was made (Fig. 3), and rigid esophagoscopy under general anesthesia was also performed the next morning but in vain. After consultation with a gastrointestinal surgeon, open gastro nomic surgery was done, and the dilator was finally removed. The patient achieved uneventful recovery and was discharged 6 days later.

Discussion. Bougie dilatation is the most widely used modality for inoperable pa-
patients with the motility disorders of the esophagus [1]. Although various complications have been reported [3,4], perforation of the esophagus is the primary concern, and no cases of bougie mis-swallowing have been reported. Most foreign bodies pass harmlessly through the gastrointestinal tract. But if the foreign body is retained, complications will occur and can be lethal. In this case, we could not remove the foreign body by an endoscopic extractor or rigid esophagoscopy, so the external approach seemed to be the best alternative. To prevent this complication, the usual securing wire at the base of the dilator should be as long as the necklace. With this precaution taken, patients can perform self-bougienage safely at home.

Iatrogenic esophageal foreign body following self-bougienage can be life-threatening, and prevention is the best policy.

S.-D. Luo, R.-F. Hsu
Chang Gung Memorial Hospital, Kaohsiung Medical Center, Chang Gung University College of Medicine, Kaohsiung, Taiwan

References

Bibliography
Endoscopy 2008; 40: E17–E18
© Georg Thieme Verlag KG Stuttgart - New York
ISSN 0013-726X

Corresponding author
R.-F. Hsu, MD
Chang Gung Memorial Hospital, Kaohsiung Medical Center, Chang Gung University College of Medicine, Kaohsiung, Taiwan
123 Ta-Pei Road
Niao-Sung Hsiang
Kaohsiung Hsien
Taiwan
Fax: +886-7-7313855
rsd0323@adm.cgmh.org.tw