A 25-year-old female was referred to our unit with chronic solid-food dysphagia and retrosternal pain. According to the patient, all symptoms had persisted with fluctuating intensity since she was 6 years old. Regardless of several examinations (e.g. esophageal fluoroscopy, patient was refusing esophagoscopy) undertaken throughout this period, a history of other diseases was negative. After admission to our unit, endoscopic evaluation of the esophagus revealed a relatively tough stricture located below the pharyngoesophageal junction surrounded by inflammatory infiltration. Additionally, a foreign body in the esophageal wall and absence of any major complications.

References

Bibliography
Endoscopy 2008; 40: E160
© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

Corresponding author
K. Zinkiewicz, MD
Second Department of General Surgery
Medical University of Lublin
Staszica 16
20-081 Lublin
Poland
Fax: +48-815328810
kzinek@yahoo.com

Fig. 1 Visible part of the impacted foreign body covered with residual food. At first, small incisions around the object were made with an electric needle. The object was then grasped with rat-tooth forceps and removed from the esophageal wall [4].

Fig. 2 Reactive esophageal stricture in the area where the foreign body was impacted. Image taken after the procedure.

Fig. 3 Foreign body extracted from the esophagus.

Dysphagia and retrosternal pain related to a round plastic foreign body impacted in the esophageal wall for over 20 years

Zinkiewicz K et al. Dysphagia and retrosternal pain related to a round plastic foreign body ... Endoscopy 2008; 40: E160