

# FOREIGN BODIES IN OESOPHAGUS

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Swallowed foreign bodies are common and tend to impact at the three narrow portions of the oesophagus; namely, the cricopharyngeus/pyriform fossa, the midoesophagus where the aorta/left main bronchus crosses the oesophagus and at the OGJ. It is a common problem in children; in adults, it is more prevalent among the elderly with swallowing difficulties, those with dementia, those with unhealthy alcohol use and those with mental health disorders ( Figure 66.37 ). Bones from fish, pork and chicken are common offenders. In complete obstruction, patients may not even be able to swallow fluids or their saliva. A clear history may be volunteered, but in children, the elderly and those with mental health disorders the history may not be clear. Complaints should always be treated seriously even though they may sound implausible. A plain radiograph may reveal radio-opaque bodies and should be taken in two views. If in doubt, a CT scan is the best method to identify a foreign body. Flexible endoscopy is the mainstay of treatment to extract using forceps, nets, baskets or a balloon inflated distal to the object. Airway protection may be needed. Sharp objects should be retrieved with the sharp end pointing distally to lessen the chance of perforation. An overtube can be used as needed. Batteries should always be removed as they may cause injury by direct electrical burn or by liquefactive necrosis from leaked Richard Schatzki, 1901–1992, radiologist, Mount Auburn Hospital, Boston, MA, USA. - - battery content. A food bolus can usually be broken down and either retrieved or pushed into the stomach. Occasionally open surgery is required for foreign body retrieval. Summary box 66.7 es. Foreign bodies /uni25CF /uni25CF /uni25CF

Figure 66.38 Pill-induced ulceration of the oesophagus. Note the ‘kissing’ ulcers on opposite sides. Swallowed foreign bodies tend to lodge at the three relative constrictions of the oesophagus: the cricopharyngeus, where the left main bronchus crosses the oesophagus and at the OGJ Beware of underlying pathology, such as reflux stricture, eosinophilic oesophagitis and Schatzki’s ring (see Miscellaneous conditions ) Flexible endoscopy can remove most foreign bodies successfully

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