Esophageal Foreign Body

- What gets stuck?
  - Food (typically meat) bolus above preexisting stricture or web in adults
  - Coins in children
  - Common:
    - Fish and chicken bones
    - Medication package
    - Dentures
    - Coins
- 80% of foreign bodies pass without intervention
- Complications
  - Ulcer formation, lacerations, perforations, obstruction, aortoesophageal
- Sites of physiological narrowing
  - Upper esophageal sphincter (cricopharyngeus muscle)
  - Level of aortic arch/Left Mainstem bronchus
  - Lower esophageal sphincter (diaphragmatic hiatus)
- Clinical Presentation
  - Acute dysphgia (92%)
  - Neck tenderness (60%)
  - Inability to swallow saliva (Indicates total obstruction)
  - Choking
  - Refusal to eat
  - Hypersalivation
  - Regurgitation of undigested food
- Diagnosis
  - Imaging with X-ray and may consider CT
  - Endoscopic visualization
- Management
  - Conservative: most will pass naturally
  - Endoscopy
    - Emergent: total obstruction, battery, or sharp object
    - Urgent: non-sharp objects, incomplete obstruction, sharp object in stomach, >6cm above proximal duodenum, magnets
    - Non urgent: coins in esophagus (observe for 12 to 24 hours) in asymptomatic, blunt objects >2.5cm, disk batteries and cylindrical batteries in stomach with no GI injury observe up to 48 hours
  - No endoscopy
    - Upper esophagus
      - If food impaction, consider glucagon 1mg IV to relax smooth muscle
        - CI: sharp edge, insulinoma, pheo, or Zollinger-Ellison
      - Consider carbonated beverage
        - MOA unclear but may be due to distending distal esophagus
        - Combo with glucagon may be more effective
        - Avoid when complete obstruction or >24 hours due perforation risk
      - Avoid meat tenderizer
  - Lower esophagus
    - Kelly or McGill clamp under direct visualization
      - Smooth foreign bodies
      - With foley catheter in prone position
      - Need cooperative patient and fluoroscopic guidance
      - Main issue is no control of object
      - Consider prophylactic intubation
- National Button Battery Ingestion Hotline at (202) 625-3333 or at www.poison.org/prevent/battery.asp