

## Timely Endoscopic Interventions Save Precious Lives

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### **Abstract**

**Introduction-** The foreign body ingestion is usually seen in young children, especially toddlers who have habit of putting everything in mouth which they come across. As age increases, maturity level also increases and chances of accidental foreign body ingestion decrease. The persons predisposed are with mental retardation, decreased cough reflex or accidental slipping of dental materials while undergoing dental procedures. Majority of swallowed foreign bodies pass spontaneously and few require endoscopic removal and rarely surgical intervention is required. It is very important for endoscopist to determine when to intervene, case based and timing wise decision have to be taken judiciously.

**Case Report-** We are hereby reporting four cases, in one case in a six-year-old boy, five rupees coin was stucked in lower oesophagus and in another one, a dental file got slipped in a forty year old man while undergoing dental procedures. Third case pertains to tomato pulp getting stucked at stricture oesophagus due to malignancy and fourth one ingested incidentally broken piece of magnet. All four of them were timely removed endoscopically without any post procedure complication.

**Conclusion-** The endoscopist should be very clear in mind what to and when to do, as timely, quick and wise decisions of endoscopic removal can decrease morbidity and mortality associated with foreign body ingestion.

**Keywords-** Coin, Dental File, Endoscopy, Foreign body, Oesophagus, Tomato Pulp, Magnet

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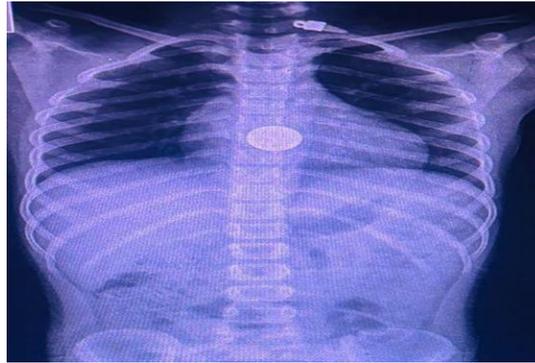
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### **I. Introduction**

The children below three years of age are more predisposed for swallowing foreign body, luckily majority of them pass spontaneously without any complications [1-3]. The mentally retarded children are more predisposed and coins or toys are the most common foreign bodies ingested by children. Coins are round with smooth edges and thus are non-damaging and pass on their own with stool but sometime, they get stucked in gastro-intestinal tract, especially in small children and are to be timely removed endoscopically. The endoscopic removal is required in 10 to 20 percent of patients and in only 1 %, in which endoscopy fails or is not indicated require removal by surgery [1,2,4]. Foreign body ingestion leads to low mortality, especially in cases of sharp edged or stucked foreign bodies [2,5,6]. Dentures are most common foreign body swallowed in elderly. In one case series, 6 patients had slipped dentures and most common reason was ill-fitting or looseness of the dentures and were successfully removed endoscopically [7]. In certain cases, accidental ingestion of foreign body can occur in adults, especially in old age when reflexes become weak or during dental treatment where dental materials like dental file can get slipped into oesophagus or stomach and have to be removed endoscopically. The strictures in oesophagus may be benign or malignant are at risk of developing complete obstruction due to sticking of food at these sites.

### **II. Case Report 1**

A six-year-old male, having no significant past history, was playing with five-rupee coin and incidentally swallowed it at 10 pm in night. The parents waited till morning for this coin to pass spontaneously but it never came out with stool. At this point of time, he was taken to nearby hospital where x-ray was done which showed coin stucked at lower oesophagus. Now, patient was referred to our department for endoscopic removal. The child was conscious, oriented, haemodynamically stable but was not able to digest even small amount of water and vomiting the same. He was also having discomfort at centre of chest. He was subjected to urgent endoscopy which revealed stucked five-rupee coin at lower end of oesophagus and while trying to remove it, got dislodged and slipped into fundus of stomach. It was removed successfully with foreign body net. The child was observed for six hours post-procedure and after that when he started accepting orally, was discharged under haemodynamically stable condition.



**Figure 1-** Stucked Coin in Lower End of Oesophagus

### **III. Case Report 2**

A forty year old male was undergoing dental treatment in dental department and while sitting on dental chair, dental file accidentally got slipped into stomach. It led to panic both in the treating dentist and patient also. Out of fear of patient wrath, the dentist and other team members, immediately brought him for endoscopic removal. He was conscious, oriented and without any features of perforation. The urgent endoscopy was done and dental file was removed successfully with foreign body forceps. He was discharged after observation for few hours in haemodynamically stable condition and his follow up was also uneventful.



**Figure 2-** Showing Slipped Dental File Removed from Stomach

### **IV. Case Report 3**

A fifty-five-year-old male, a known case of stricture mid oesophagus due to carcinoma oesophagus, received six cycles of chemotherapy. He presented with acute dysphagia of one day duration after eating food with vegetable. He was not able to even digest water and was in discomfort. In the background of stricture, suspicion of food sticking at stricture was suspected and patient underwent emergency endoscopy which showed tomato sticking at stricture site and completely obstructing the lumen of oesophagus. The tomato pulp was removed with foreign body forceps and stricture was dilated with SG dilator which gave patient immediate relief. He was observed for next 24 hours and once he started accepting solid foods orally well, then was discharged under haemodynamically stable condition.



**Figure 3-** Stucked Tomato at Stricture Site



**Figure 4-** Tomato Removed Endoscopically

## V. Case Report 4

A twenty-year-old male, not a known case of any chronic illness presented with incidental ingestion of broken magnet piece. He was asymptomatic and finding of this magnet piece was confirmed on x-ray which showed its position in stomach. He was subjected to endoscopy which also showed it to be located in stomach and it was removed with foreign body basket. The post procedure period was uneventful and he was discharged after few hours of observation under hemodynamically stable condition



**Figure 5-** Magnet Piece in Stomach



**Figure 6-** Magnet removed Endoscopically

## VI. Conclusion

The endoscopists have to face many difficult and tricky situations like in ingestion of foreign bodies where by their academic knowledge as well as experience, they have to wisely decide when to intervene for endoscopic removal of foreign bodies. In some cases, they get stuck up in oesophagus and are not amenable to endoscopic removal and condition become life threatening, thus requiring urgent surgery for saving life. Thus, it is not only important to know what can be done endoscopically but also to understand what should not be done endoscopically. These critical decisions have to be taken wisely by an endoscopist, in interest of patients, so as to decrease overall morbidity and mortality.

**Conflict Of Interest-** The authors declare that there was no conflict of interest or any kind of funding was taken for publishing this case report.

## References

- [1] Wyllie R (2006) Foreign Bodies In The Gastrointestinal Tract. *Curro Pin Pediatr* 18(5): 563-564
- [2] Uyemura MC (2005) Foreign Body Ingestion In Children. *Am Famphysician* 72(2): 287-291.
- [3] Banerjee R, Rao GV, Sriram PV, Reddy KS, Nageshwar Reddy D (2005) Button Battery Ingestion. *Indian J Pediatr* 72(2): 173-174.
- [4] Shivakumar AM, Naik AS, Prashanth KB, Yogesh BS, Hongal GF (2004) Foreign Body In Upper Digestive Tract. *Indian J Pediatr* 71(8):689-693.
- [5] Westmoreland D, Grigsby K, Brown L, Latessa P, Huber D (1998) Replicating Project LINC In Two Midwestern States. Implications For Policy Development. *Nurs Health Care Perspect* 19(4): 166-174.
- [6] Yardeni D, Yardeni H, Coran AG, Golladay ES (2004) Severe Oesophageal Damage Due To Button Battery Ingestion: Can It Be Prevented? *Pediatr Surg Int* 20(7): 496-501
- [7] Gastrointestinal Foreign Bodies- Five Year Experience At Tertiary Care Centre Of Northern India. Parveen Malhotra\*, Naveen Malhotra, Vani Malhotra, Ajay Chugh, Abhishek Chaturvedi, Parul Chandrika And Yogesh Sanwariya *Adv Res Gastroenterol Hepatol* 1(4): ARGH.MS.ID.555567 (2016)