

Letter to Editor

Another way to locate an intramural concealed foreign body of the esophagus

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Dear Editor

Button batteries are commonly used in toys. Children are at risk of accidentally ingesting button batteries while playing with these toys [1,2]. Once ingested, button batteries cause chemical and electrical injury that may lead to stricture and/or perforation of the esophagus. In more difficult situations, esophago-aortic, esophago-pleural, or esophago-tracheal fistulas may develop [2,3].

These foreign bodies are usually removed endoscopically. In cases of failed retrieval or complications, thoracoscopic or open approaches are employed. Occasionally, the button battery becomes impacted within the esophageal wall. In such cases, endoscopic retrieval is less likely to be successful. Point-of-care image-guided retrieval is usually required to locate these intramural foreign bodies before removal; however, this exposes both the patient and healthcare workers to radiation. We used a simple method to locate an intramural esophageal button battery [2,4,5].

We received a 5-year-old boy who had ingested a button battery 3 months earlier. The patient had a negotiable stricture on endoscopy performed by our pediatric gastroenterology team. The foreign body had migrated into the mid-esophageal wall and, therefore, could not be retrieved endoscopically. At thoracotomy, the location of the foreign body was not appreciable, even with intraoperative endoscopy.

The image intensifier malfunctioned, leading to an intraoperative management dilemma. Although the esophagus was thickened at the level of the mid-esophagus, the button battery was not clearly palpable. We inserted a 5-cc syringe needle into the posterior esophageal wall at the suspected site of impaction. As the needle was advanced, it gave the impression of striking a metallic foreign body within the posterior esophageal wall. We opened the esophagus at the same level, where the button battery was identified and removed. The esophagus

was repaired transversely. The patient had an uneventful postoperative recovery and was discharged on the 8th postoperative day on full oral feeds. The patient is doing well on follow-up.



Figure 1A: Showing Foreign Body in Eshopagus



Figure 1B: Syringe needle is being used in the foreign body.

We report this method of locating intramural foreign bodies because our image intensifier was out of order. We believe this simple technique is useful, cost-effective, and free from radiation exposure.

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