A Case of a Esophageal Foreign Body, the Clasps Denture Needed the Emergent Operation

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Abstract: In most cases, the treatment of foreign bodies in the esophagus is a simple procedure without complications, provided that a precise clinical diagnosis is made. An endoscopic examination is mandatory before and after the extraction of the foreign body. Surgery should only be undertaken in cases where an endoscopic removal either fails or is contraindicated. However, should a perforation occur or be suspected, then surgery must be performed immediately. The patient was a 70-year-old woman with dementia. She had felt difficulty in swallowing and chest pain and was brought into the hospital seven days after she accidentally swallowed her denture with a sharp metallic clasp while having a meal. A plain cervical X-ray revealed a clasps denture at the upper margin of the sternum. In addition, free air was recognized around the cervical swelling esophagus on CT. We decided to perform an emergency operation. At operation, a left cervical collar incision was made, the denture with a metallic clasp, which had penetrated the esophageal wall was thus extracted. A retrograde esophageal decompression tube was inserted from a trans-gastrotomy instead of a nasal tube, in order to avoid the development of pneumonia. The patient was discharged from hospital on the 16th postoperative day, without any postoperative complication.

Key words: Esophageal Foreign Body, Denture with a metallic clasp, Esophageal Perforation