

Esophagotomy For Middle Esophagus Foreign Bodies Ingestion

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Image in Medicine

Most patients who present for evaluation of a foreign body in the esophagus do so after accidental ingestion of a known object and the patient has mild symptoms and is in stable condition. Routine x-rays are usually the first step if a radio-opaque object is suspected then diagnostic endoscopy or CT scan may be indicated. A 60-year-old Caucasian man was admitted to Emergency Room of our institution for accidental ingestion of medullar core. His past medical history was negative for previous gastrointestinal disease or surgery. He referred only dysphagia for solid food and mild retrosternal pain after he had ingested it 10 hours before to admission. His abdominal physical examination was unremarkable. White blood tests were in normal range. Body temperature was 36.2°. Thoracic CT Scan confirmed the object. Gastroscopy failed for 3 consecutive times so the patient was referred to operating theatre. We performed a Video-Assisted-Thoracoscopic Esophagotomy (VATS-E). The core was extracted after esophagotomy. The esophagus was closed in double layer. Esophagus transit was normal. In the third post-operative day, he has a mediastinitis. He was referred to operating room to perform closing of leakage with pleural patch and feeding jejunostomy. At the 6-day, the patient was in good clinical condition and he was discharged.

Final Diagnosis: Middle esophagus foreign bodies ingestion.

Three Differential Diagnosis: artifacts, pseudotumors, tumors



Figure 1: Artifacts



Figure 2: Pseudotumors



Figure 3: Tumors