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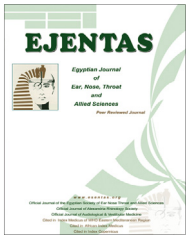

CASE REPORT

Surgically repaired esophagus: An anchor pad for foreign bodies

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Abstract Children with congenital tracheo-esophageal fistula and esophageal atresia need surgical intervention for their survival. Apart from the several gastro-intestinal and respiratory problems that often follow surgery, there is an increased risk of impaction of foreign body above the reconstructed esophagus that becomes stenosed and/or dysmotile. Here we illustrate a case of a six-year-old boy who underwent repair of a sporadic form of congenital tracheo-esophageal fistula with esophageal atresia at the age of three months, presenting with impaction of a glass marble above the repaired esophageal segment. This report adds to the long-term care of reconstructed aerodigestive tract in children in the form of strict vigilance from the parents and care-givers so as to keep them safe from small objects that can potentially result in impacted foreign bodies.

1. Introduction

Impaction of foreign body in the esophagus is one of the commonest pediatric otolaryngology emergencies. However, impaction of a spherical foreign body like marble is seldom encountered. A surgically repaired esophagus augments the chance of lodgment of such unusual foreign bodies owing to its disordered peristaltic activity and inherent segmental stricture. In this report, we discuss the clinical events in a child presenting with impaction of a marble in the esophagus who had a history of repair of congenital tracheo-esophageal fistula with esophageal atresia in his infancy.

2. Case report

A six-year-old boy was taken to the otolaryngology emergency with history of ingestion of a glass marble one day back. Following the incident he had several episodes of vomiting and was unable to swallow anything. He also complained of pain and fullness in his throat, with a sense of compression in the mid-chest. However there was no history of any sudden bout of cough or any difficulty in breathing. At this point the parents reported that the child underwent surgery for repair of

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congenital tracheo-esophageal fistula at the age of three months. In the period following recovery from surgery, he was having no problem in swallowing liquids but took time to ingest solid food.

A detailed examination revealed that the child was dehydrated, but there was no respiratory distress, and vesicular breath sound was audible over the chest bilaterally. Skiagram of neck, chest and upper abdomen showed a spherical radio-opaque shadow in the upper esophagus at the level of the second and third thoracic vertebrae, suggestive of the ingested marble [Fig. 1a,b]. The child was admitted and put on fluids and intravenous antibiotics. Considering the possibility of esophageal stricture, careful rigid esophagoscopy was performed. The spherical foreign body was found impacted between the walls of esophagus a little below the level of cricopharynx, and was cautiously removed with a peanut forceps [Fig. 2a]. It was a glass marble, about 1 cm in diameter [Fig. 2b]. On further evaluation of the esophageal lumen, no evidence of mucosal injury was found, but an area of stricture with considerably narrower lumen could be seen just distal to the area of impaction of the marble.

The child recuperated well in the post-operative period and was allowed oral feed the next day. At discharge, his parents were counseled to keep him away from small objects that can potentially get impacted above the esophageal stricture and can make its retrieval challenging and life-threatening.

3. Discussion

Congenital tracheo-esophageal fistula and esophageal atresia are rare clinical abnormalities. They can manifest either in sporadic form or as a part of a syndromic disorder – the 'VACTERL' sequence (*V*ertebral anomalies, *A*norectal anomalies, *C*ardiac abnormalities, *T*racheo-*E*sophageal fistula with or without esophageal atresia, *R*enal anomalies and *L*imb defects), and is diagnosed when at least three of these criteria are present simultaneously.[1] The tracheo-esophageal fistula once diagnosed should be surgically corrected as early as possible. As evident from the clinical examination records, the congenital anomaly in our child was sporadic, and was of the most common variant, i.e., esophageal atresia with distal tracheo-esophageal fistula, which was successfully repaired at three months of age. Surgical intervention of this kind often leads to several gastro-intestinal and respiratory problems in the later period, including dysphagia, reflux esophagitis,

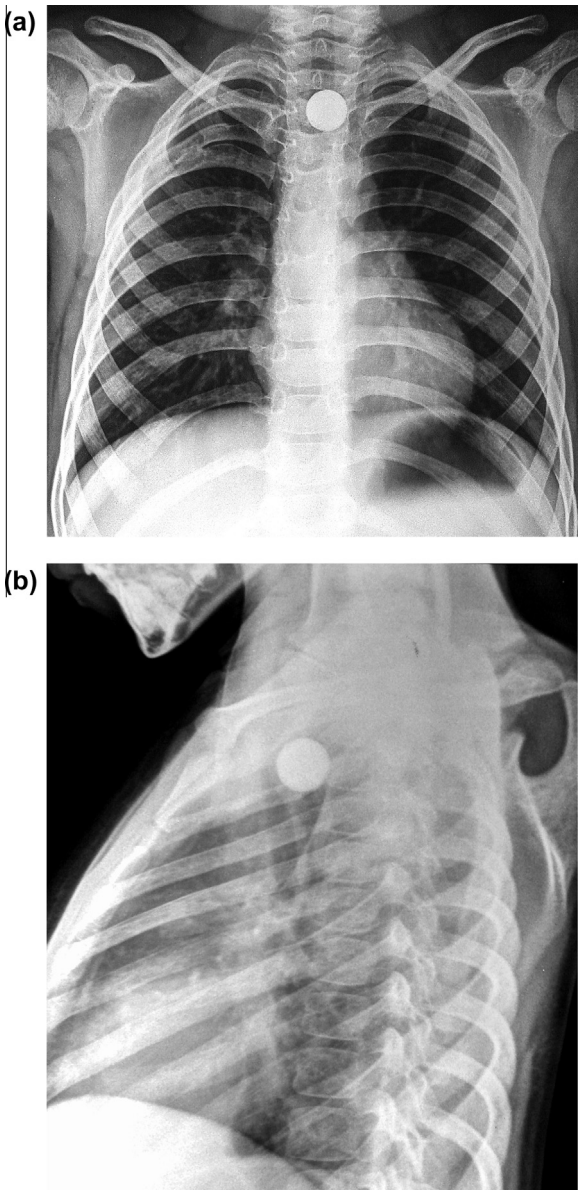

Figure 1 The X-ray of the neck, chest and upper abdomen ((a): antero-posterior view; (b): lateral view) shows a spherical radio-opaque foreign body lodged in the upper esophagus at the level of the second and third thoracic vertebrae.

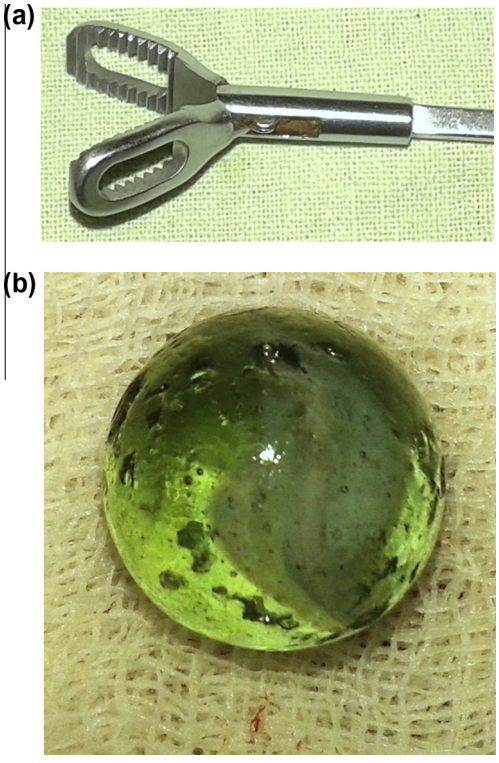

Figure 2 The peanut forceps (a) that was used to retrieve the marble (b). The marble measured about 1 cm in diameter.