

A Rare Clinical Case of an Unfortunately Current Pathology – Foreign Bodies

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ABSTRACT

Medication errors can cause various complications and some of these are fatal also. A very unusual complication, an esophageal foreign body, is described herein. It was a single tablet with intact wrapper, cut out from a blister pack which was unknowingly ingested by a child in toto. She was not instructed properly regarding administration of the drug. The peculiarity of this case concerns the type, location of the foreign body and need of clear instructions to be given to the patient for taking a medication.

Keywords: medication error, esophageal foreign body, endoscopy

INTRODUCTION

Swallowing of foreign bodies occurs more commonly in children, especially between the age of 6 months and 3 years, and in specific risk groups, such as mentally disabled, neglected and psychiatric patients. Medication errors can cause various complications and some of these are fatal also (1). A medication error leading to an esophageal foreign body (EFB) causing ret-

ropharyngeal collection and dysphagia is being reported here. Both rigid and flexible endoscopy performed under anaesthesia is considered to be safe and represent effective methods. In our case, foreign body was successfully removed by flexible endoscopy. This case highlights the need and importance of clear and written instructions to the patient and the caretakers about route and method of medication.

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CASE REPORT

A 10 - year old girl, from a remote village, presented to Pediatric Out Patient Department with complaints of difficulty in swallowing and pain in left ear for one month. Child recalled an incident of consuming some medicine with intact wrapper 45 days back, which she swallowed with great difficulty. She was given some medications in a blister pack, wrapped in a piece of paper by a practitioner, to be taken orally. She misunderstood the directions and consumed the same after opening the pa-

per without removing the wrapper. All symptoms started after that incident. She was brought to the hospital after she got no relief from local healthcare providers for almost one month. Taking this incident in account, X-ray of the soft tissue of the neck and chest was done which revealed mass effect at the level of C2 – C3 with the rest of the things being unremarkable. Contrast enhanced computed tomography of chest showed impacted EFB at the level of cervical esophagus. On upper gastro intestinal endoscopy, foreign body was seen about 20 cm from incisor (Figure 1) which was removed and identified as a part of blister pack with sharp edges containing intact tablet (Figure 2). Post procedure, patient was kept nil orally for 72 hrs because of severe underlying mucosal damage and was discharged after 5 days. Patient is on follow up and is doing well. □

DISCUSSION

A medication error is defined as the administration of a drug not in accordance with the recommended guidelines on the manufacturer’s product package insert. The error could involve dose, rate, route of administration, formulation, the drug itself, or the patient (2).

American Society of Health- System Pharmacist has classified medication errors in two broad categories namely prescription error and administration errors with further sub classifications (3).

The vast majority of foreign bodies pass through the gastrointestinal tract uneventfully and no medical/surgical treatment is necessary. Common foreign bodies in the esophagus are food-related such as bones, meat bolus, nuts and seeds. In our patient however, it was a tablet ingested due to misunderstood instructions (4). Clinically, esophageal foreign body ingestion may cause dysphagia, odynophagia, diffuse chest pain, sensation of chest pressure, laryngeal irritation. Swallowing of foreign bodies occurs more commonly in children, especially between the age of 6 months and 3 years, and in specific risk groups, such as mentally disabled, neglected and psychiatric patients (4-6).

EFB can cause mucosal inflammation, ulceration and perforations and, consequently, severe infections such as mediastinitis, deep neck abscess, and pleural empyema may occur. Other complications reported are scarring, obstruction and fistulization (6,7). Our patient had retropharyngeal collection.

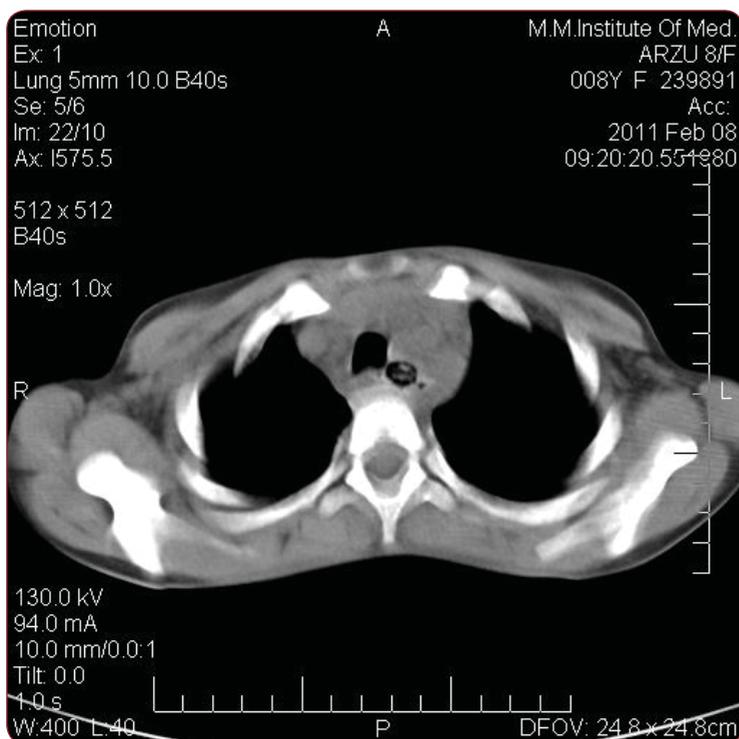


FIGURE 1. CECT of the neck is showing thickening and inflammation of the prevertebral soft tissue at the level of epiglottis (arrow).

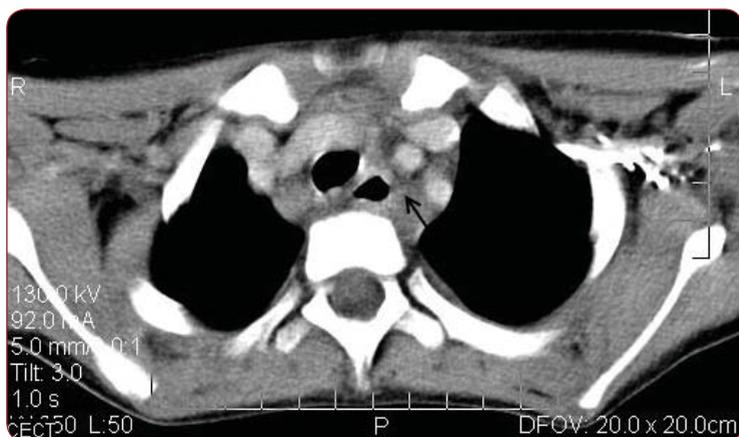


FIGURE 2. CECT of the chest is showing inflammation and increased density of the mediastinal fat (arrow).

Endoscopic treatment or surgical intervention is necessary in 20% and 1% of cases, respectively (4,8). Structural or functional abnormalities of the esophagus represent the major risk factors (7). Our patient did not belong to any of these risk categories.

Foreign body, in our patient, was located in the upper cervical esophagus in contrast to the usual sites of impaction i.e. the cricopharyngeal ring, the aortic arch narrowing or the esophago-gastric junction (6). This site usually presents the greatest difficulty as far as flexible endoscopic treatment is concerned (8), it is important to remember that ideal management of EFB requires a multidisciplinary approach (gastroenterologist, radiologist, ENT specialist or even a thoracic surgeon).

Plain films (neck and chest X-rays) are a very important diagnostic tool, especially in defining the location of the foreign bodies (9). CT scans help in diagnosing localizing and detailing the complications of EFB as was in our case.

The treatment of choice for EFB depends on various parameters such as patient's age, his/her clinical condition, the type, size, shape, site and also number of foreign bodies (5,6). Endoscopy is the preferred method for EFB extraction with a reported success rate of 83 percent (5).

In our case, flexible endoscopy was successful in the removal of the EFB. Child and the parents were of normal intelligence. For a more clinical applicability one should insist more on other specialties doctor's knowledge regarding the symptomatology of esophageal foreign bodies, so that they can avoid diagnosis traps. Main point of presenting this case was that such an unusual nature of basic etiology of retropharyngeal collection has never been reported earlier, to our best knowledge from India.

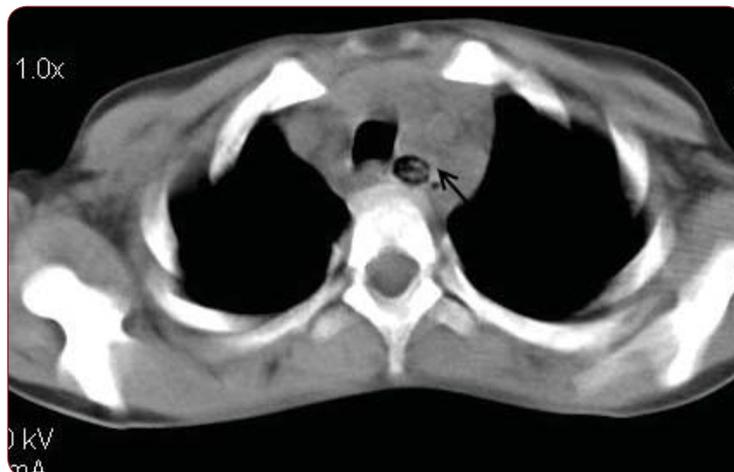


FIGURE 3. NCCT of the chest is showing foreign body lying in the esophagus (arrow).



FIGURE 4. Gross picture of the ingested tablet.

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