

# Deep Insight

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## Citation

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## Abstract

Sir,

A 24 year-old male was admitted due to an increasing substernal pain, radiating to the back, without dyspnea or dysphagia, following swallowing of a foreign body, which he reluctantly refused to disclose its type. Past medical history was remarkable for repeated swallows of different objects during previous weeks; none required any surgical involvement as they were all successfully spontaneously defecated within a few days. His physical examination was normal. Chest anteroposterior and lateral X-rays (Fig 1, Fig 2) revealed a radiopaque foreign body in the esophagus, which could not be identified. The diagnostic procedure was chosen to be an upper aerodigestive endoscopy.

Just before the anesthesia, he informed the relieved surgeon that the swollen object was a pair of spectacles which were broken into three parts to alleviate comfortable swallowing. However, he managed to gulp only one frame with its lens, one frame without its lens and one handle. All parts of the spectacles were safely removed via rigid esophagoscopy (Fig 3). Impingement of the more distal particle in the mid-esophageal mucosa prevented the sliding of the other parts to the stomach, and it was cautiously freed by a caudal gentle manipulation with a blunt alligator forceps. The other parts were removed easily. Post-operative period was unremarkable.

Teaching points: History taking is essential and must be clarified before any removal of a foreign body to prevent a catastrophe. Plain chest films are helpful but do not replace the history of disease.

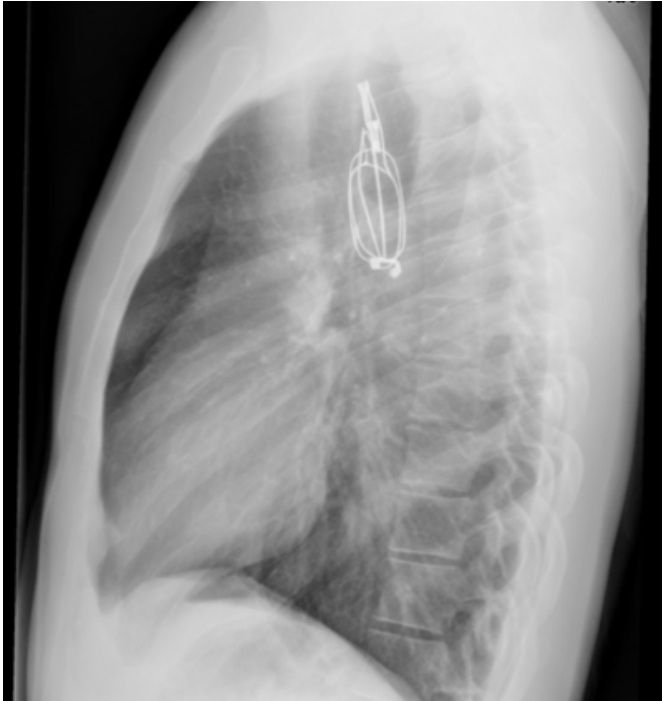
## Figure 1

Figure 1: Anteroposterior chest film



**Figure 2**

Figure 2:Lateral chest film



**Figure 3**

Figure 3: Rigid esophagoscopy findings. All three parts of the spectacles were successfully removed.



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### **References**

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