Endoscopic Retrieval of an Oesophageal Foreign Body (Coin) in a 5-Year-Old Child: A Case Report

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Abstract

Foreign body ingestion is a common pediatric emergency, and coins are frequently encountered objects. This case report describes the successful endoscopic removal of a coin lodged in the mid-esophagus of a 5-year-old child. The clinical presentation, diagnostic approach, endoscopic intervention, and post-procedural outcomes are discussed. Emphasizing the importance of prompt intervention, this report contributes to the literature on the endoscopic management of esophageal foreign bodies in pediatric patients.

Keywords: - Foreign body, Esophagus, Endoscopic removal, X-Ray.

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INTRODUCTION

Foreign body ingestion is a common occurrence in the pediatric population, often requiring urgent medical attention.[1] Coins, being easily accessible to young children, are frequently ingested and can become lodged in the esophagus, posing a risk for complications such as obstruction or perforation. This case report aims to provide insights into the clinical management of a 5-year-old child who

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ingested a coin, resulting in its impaction in the midesophagus.[2,3]

Children with esophageal foreign bodies may present with symptoms such as dysphagia, drooling, chest pain, or respiratory distress. In suspected cases, prompt evaluation through imaging studies, such as chest X-rays, is crucial for identifying the location and nature of the foreign body. Endoscopy emerges as the preferred intervention for coin retrieval due to its effectiveness and minimal invasiveness. [4,5]

CASE REPORT

A 5-year-old child presented to the emergency department with sudden onset dysphagia and discomfort. The clinical history provided by the parents revealed a recent episode of playing with coins, raising suspicion of foreign body ingestion. Initial assessment included a chest X-ray, confirming the presence of a coin lodged in the midesophagus.

Figure 1 : X Ray chest showing foreign body (coin) in esophagus (Left), endoscopically retrieved coin (Right)

Given the potential for complications, an urgent endoscopic intervention was planned. The child was taken to the endoscopy suite, where flexible esophagoscopy was performed under general anesthesia. Visualization revealed a coin impacted in the midesophagus. Utilizing grasping forceps, the coin was successfully retrieved without complications. Post-procedural examination confirmed the absence of mucosal injuries, and the child recovered well from anesthesia.

DISCUSSION

Esophageal foreign body removal in pediatric patients requires a systematic and individualized approach. Coins are particularly concerning due to their relatively flat nature, increasing the risk of impaction. Early diagnosis and intervention are crucial to prevent complications such as esophageal perforation or respiratory compromise.[6]

Imaging studies, particularly chest X-rays, play a pivotal role in localizing the foreign body and assessing its orientation. In this case, the coin's distinctive radiographic appearance facilitated quick identification and localization. Endoscopy, whether rigid or flexible, remains the mainstay for foreign body removal. Flexible esophagoscopy offers advantages in pediatric cases, allowing for thorough examination and intervention while minimizing discomfort.[7,8]

During the endoscopic procedure, careful manipulation is essential to avoid mucosal injuries. Grasping forceps or retrieval baskets are commonly used tools for coin extraction. The success of the procedure is often influenced by the type and location of the foreign body, as well as the skill and experience of the endoscopist.[9,10]

Post-procedural care involves monitoring for any signs of complications, such as bleeding or perforation. In this case, the absence of mucosal injuries during the endoscopic retrievalensured a smooth recovery for the child. Education of caregivers on preventive measures and the importance of safe object handling is essential to reduce the risk of future incidents.

CONCLUSION

This case report underscores the significance of prompt diagnosis and endoscopic intervention in the management of esophageal foreign bodies, specifically coins, in pediatric patients. Flexible esophagoscopy, performed in a controlled environment, proved to be a safe and effective method for the removal of the coin lodged in the midesophagus of a 5-year-old child. The successful outcome highlights the importance of a coordinated approach involving clinicians, radiologists, and endoscopists to ensure optimal care for pediatric patients presenting with foreign body ingestion. Increased awareness of the clinical presentation and management strategies for esophageal foreign bodies is essential for healthcare providers and caregivers alike.

Conflict of interest

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