Early Esophageal Necrosis: A Food Impaction In An Elderly Patient With Multiple Comorbidities

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Background

- Food impactions represent the most common esophageal foreign bodies in adults.
- Patients can be stratified into emergent, urgent and non]urgent
- in urgent cases upper endoscopy (EGD) Is recommended within 24 hours.
- We present a patient who developed esophageal necrosis well before 24 hours.

Case

- 87 year old female with multiple comorbidities who presented to the emergency department complaining of chest pain that she attributed to eating salmon and mashed potatoes ~6 hours prior.
- Physical exam had no crepitus, labs revealed a mild leukocytosis and radiographs were unremarkable.
- The gastroenterology service obtained a CT scan to rule out esophageal perforation but alerted the operating room (OR) to set up for an EGD. Imaging was notable for findings concerning for a distal esophageal mass with proximal esophageal distention and impacted contents, but no esophageal perforation.
- EGD was performed 14 hours following the initial ingestion. Patient was tolerating secretions and vitals remained stable.

Case Continued

- On EGD a large food bolus in the mid esophagus was partially removed with a cap and net retrieval device unearthing a 2x2 cm patch of necrotic tissue. An 18F nasogastric tube (NGT) was placed proximal to necrotic area to facilitate water soluble contrast administration for a CT esophagram which did not suggest perforation. Intravenous antibiotics were initiated, and patient was kept intubated.
- Repeat EGD the next day was notable for migration of food bolus and interval improvement of necrotic patch. A 10F NGT was placed endoscopically and proton pump inhibitor was initiated. Over the next several days patient was extubated and diet was advanced.
- Repeat EGD after discharge was notable for a ring which was sequentially dilated to 20mm and at follow up 4 weeks later patient was denying all dysphagia.

Endoscopic Images

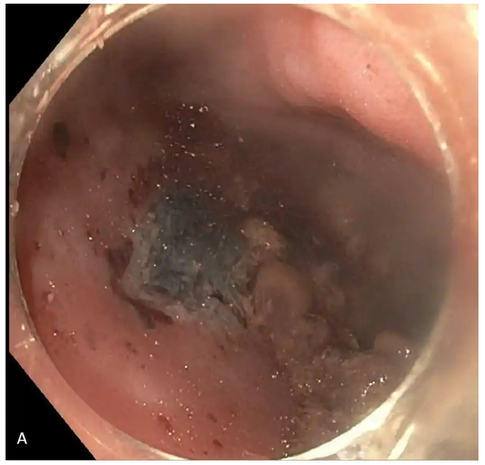

Figure 1. Esophageal Necrosis

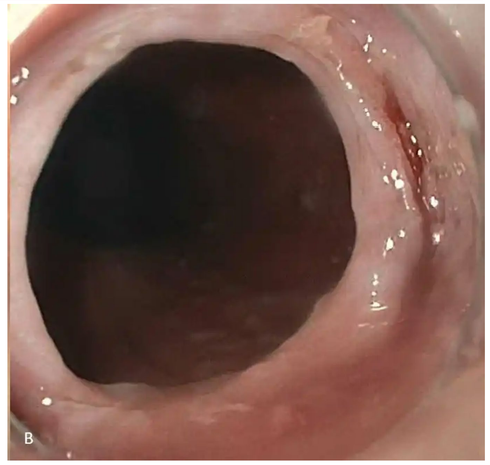

Figure 2. Distal Esophageal Ring

Discussion

- Food impactions represent the most common esophageal foreign bodies in adults.
- Timing of EGD is widely debated.
- Guidelines recommend urgent cases to undergo EGD within 24 hours to minimize risk.
- However, as highlighted in this case EGD within 24 hours in patients with comorbidities might not be sufficient to prevent complications.

Conclusions

- This case highlights the need for increased granularity in the stratification of patients with food impactions.
- We propose that advanced age and/or presence of atherosclerotic disease may warrant earlier EGD.

References

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