

# A Hard Pill to Swallow: Unique Presentation of Massive Esophageal Food Bolus

## Impaction



**AMERICAN COLLEGE OF GASTROENTEROLOGY**  
Advancing Gastroenterology, Improving Patient Care



Shil Punatar, DO<sup>1,2</sup>, Alessandra Carrillo, DO<sup>1</sup>, Ahamed Khalyfa, DO<sup>1</sup>  
Robert Ondracek, DO<sup>2</sup>, Pankaj Jain, MD<sup>2</sup>

Department of Internal Medicine, Franciscan Health Olympia Fields, IL<sup>1</sup> Department of Critical Care, Franciscan Health Olympia Fields IL<sup>2</sup>

### INTRODUCTION

- Esophageal food impactions are common occurrences in gastroenterology, however, under 20% of cases require intervention (1).
- The clinical condition of esophagus and the consistency of food being swallowed contribute to the development of food bolus impactions, with patients having underlying esophageal pathology in most cases (2).
- Unfortunately, radiographic evidence is often difficult to obtain as food is radiolucent and poorly visualized on radiograph.
- Here we demonstrate the risk associated with severe food impaction.

### CASE PRESENTATION

The patient is a 86 year old male with a past medical history of achalasia with laparoscopic Heller myotomy complicated with distal esophageal perforation, was admitted after presenting with complaints of chest pain and inability to tolerate a solid diet

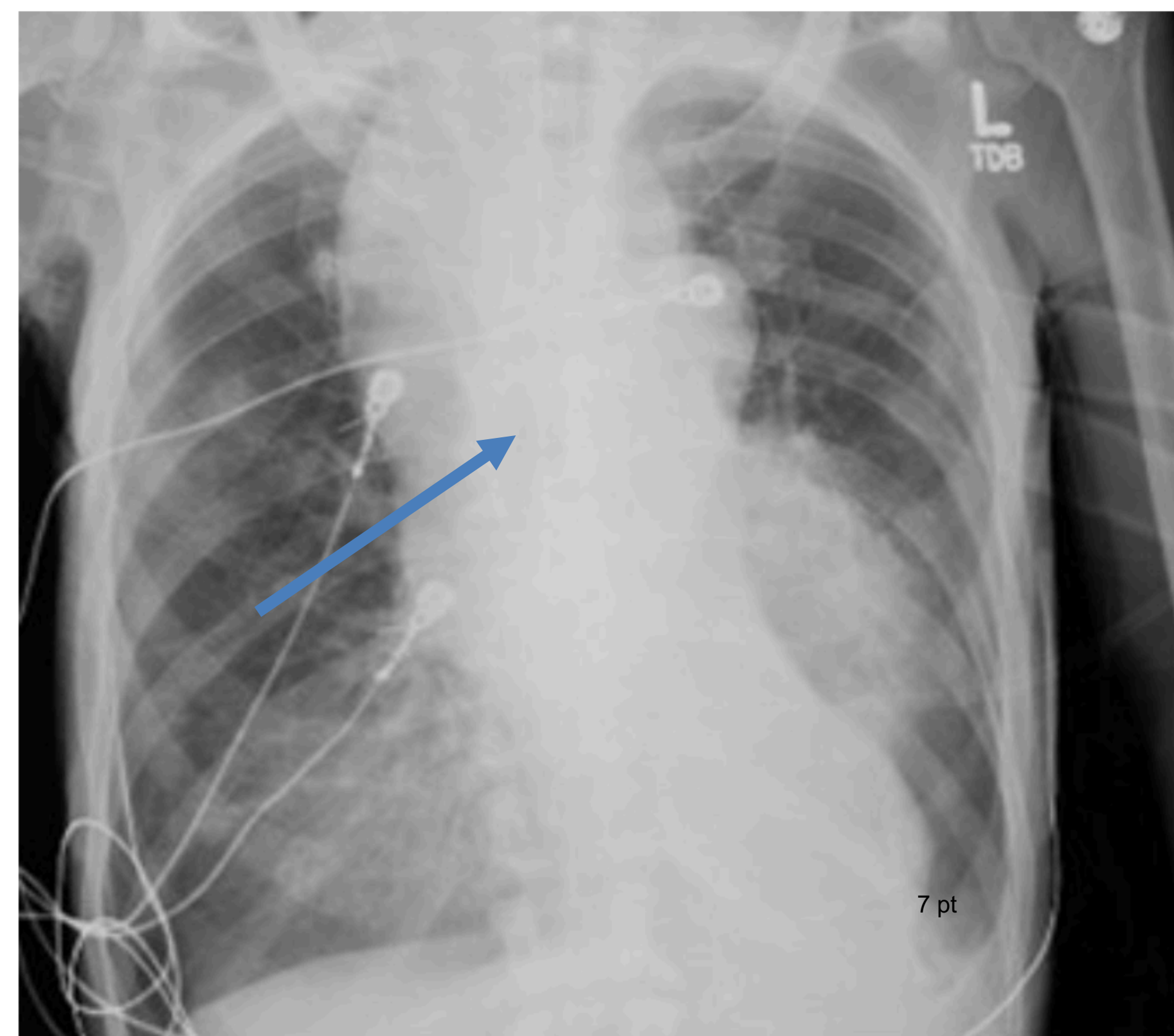
The patient suffered a 90-pound weight loss over 1 year. He was seen by speech therapy and provided with a dysphagia appropriate diet

Eight days into the patient stay, the family presented to the patient's bedside to assist in 1-to-1 feeding of the patient per their request. One hour following the completion of the patient's feeding, a CODE BLUE was called.

The patient was unresponsive and without a pulse. PEA protocol was initiated and return on spontaneous circulation was achieved

### THORACIC IMAGING

1. Portable Chest X-Ray
2. Coronal View CT – Chest/Abdomen/Pelvis



Marked dilatation of the esophagus with food impaction and bilateral aspiration of food particles. Also, a small left pleural effusion.



Marked dilatation of the esophagus with food impaction seen and food particles seen in his lungs bilaterally.

### REFERENCES & ACKNOWLEDGEMENTS

1. Yao CC, Wu IT, Lu LS, Lin SC, Liang CM, Kuo YH, Yang SC, Wu CK, Wang HM, Kuo CH, Chiou SS, Wu KL, Chiu YC, Chuah SK, Tai WC. Endoscopic Management of Foreign Bodies in the Upper Gastrointestinal Tract of Adults. Biomed Res. Int. 2015; 2015:658602.
2. Sperry SL, Crockett SD, Miller CB, Shaheen NJ, Dellon ES. Esophageal foreign-body impactions: epidemiology, time trends, and the impact of the increasing prevalence of eosinophilic esophagitis. Gastrointest Endosc. 2011 Nov;74(5):985-91.
3. Gelfond M, Rozen P, Gilat T. Isosorbide dinitrate and nifedipine treatment of achalasia: a clinical, manometric and radionuclide evaluation. Gastroenterology. 1982 Nov;83 (5):963-9.
4. Karanjia ND, Rees M. The use of Coca-Cola in the management of bolus obstruction in benign oesophageal structure. Ann R Coll Surg Engl. 1993 Mar; 75(2): 94-5.

**ACKNOWLEDGEMENTS:**  
We would like to thank Franciscan Health Olympia Fields for their financial and academic support in the research endeavors of all resident and fellow trainees.

### MANAGEMENT

**Emergent endoscopy**  
Patients with esophageal obstruction (ie, unable to manage secretions)  
Disk batteries in the esophagus  
Sharp-pointed objects in the esophagus

**Urgent endoscopy**  
Esophageal foreign objects that are not sharp-pointed  
Esophageal food impaction in patients without complete obstruction  
Sharp-pointed objects in the stomach or duodenum  
Objects >6 cm in length at or above the proximal duodenum  
Magnets within endoscopic reach

**Nonurgent endoscopy**  
Coins in the esophagus may be observed for 12-24 hours before endoscopic removal in an asymptomatic patient  
Objects in the stomach with diameter >2.5 cm  
Disk batteries and cylindrical batteries that are in the stomach of patients without signs of GI injury may be observed for as long as 48 hours. Batteries remaining in the stomach longer than 48 hours should be removed.

- ASGE Recommendations
- Role of Medical Therapies
- Glucagon
- Other, less studied options

### CONCLUSION

- Through literature review, a majority of cases of food bolus impaction are self-limited
- In most cases described, boluses pass on their own or with the assistance of an EGD
- In most cases, underlying esophageal or motility dysfunction is known
- With few case reports, food disimpaction has been assisted with cola products or nifedipine (3,4).
- Our case demonstrates that food bolus reveal against more gruesome esophageal pathology in both presentation, prompt intervention, and adverse on outcomes
- This illustrates a common presentation to gastroenterologists and physicians of a food bolus impaction.
- Due to profound radiographic presentation and severe morbidity of our clinical scenario, we hope to bring attention to the need for rapid evaluation, treatment, and consideration of adverse outcomes in patients presenting with food boluses as well as the severity and life threatening outcomes that may preside with the previously described pathology.