



## Clinical case

### Oesophageal foreign body cervical migration: a case report

Migration cervicale d'un corps étranger œsophagien : une étude de cas

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#### Résumé

La déglutition de corps étrangers est un phénomène assez fréquent aux urgences ORL.

La migration à travers la paroi œsophagienne est rare, elle représente environ 1 à 4 % de tous les cas d'ingestion de corps étrangers. Nous rapportons le cas d'un homme de 40 ans atteint de schizophrénie qui s'est présenté aux urgences pour une tuméfaction latéro cervicale consécutive à l'ingestion accidentelle d'une aiguille de machine coudre métallique. Le scanner cervical a confirmé la présence du corps étranger métallique dans les parties molles du cou. L'endoscopie œsophagienne n'a retrouvé aucun corps étranger.

Extraction par cervicotomie a permis d'enlever et de drainer l'abcès.

L'évolution postopératoire s'est déroulée sans incident, avec trois jours d'hospitalisation. Le patient a ensuite été référé au service de psychiatrie pour un suivi.

Mots-clés : corps étranger, œsophage, schizophrénie, cervicotomie, ORL, Dakar, Sénégal.

#### Abstract

Foreign bodies swallowing is a fairly common occurrence in ENT emergency.

Migration through the esophageal wall is rare, it represents about 1 to 4% of all case of foreign bodies ingestion. We report the case of a 40-year-old male patient suffering from schizophrenia who has presented to emergency with tumefaction latero cervicale following an accidental ingestion of a metallic sewing machine. Cervical scan confirmed the presence of the metallic foreign body in the soft parts of the neck. Esophageal endoscopy found no foreign body.

Extraction by cervicotomy permission to remove and to drain abscess.

The post-operative course was uneventful, with three days of hospitalization. The patient was subsequently referred to the Psychiatry department for follow-up.

Keywords: foreign body, esophagus, schizophrenia, cervicotomy, ENT, Dakar, Senegal.

#### Introduction

Esophageal foreign bodies are common in our ENT practice (1). Symptoms are diverse and depend on the nature of the foreign body. The pediatric population is more frequent with 80% (8). Sharp foreign bodies

can often lead to complications, which can be life-threatening, particularly in certain locations. We report a case of an esophageal foreign body with unusual latero-cervical migration in a psychiatric patient.

### Clinical case

A 40-year-old male patient, who was a tailor and was irregularly followed at the psychiatry department for schizophrenia, consulted for a painful left latero-cervical swelling that had been evolving for 10 days. An investigation revealed that the patient had accidentally ingested a needle during his work (tailoring). After traditional treatment with iterative massages, the symptoms subsided temporarily. However, two weeks later, there was a left latero-cervical swelling associated with fever. A physical examination showed an inflammatory left latero-

cervical swelling with a diameter of 6cm (Figure 1). The rest of the examination did not show any dental or rhino-sinus infection. An exploratory puncture revealed pus (Figure 2). Bacteriology isolated *Klebsiella pneumoniae*, which was sensitive to cephalosporins.

A CT scan with contrast revealed a metallic sharp foreign body next to C5 C6 measuring 36 mm, along with an esophageal breach that led to a latero-cervical abscess of 60x40 mm (Figure 3).

An esophageal endoscopy followed by cervicotomy under general anesthesia was performed, allowing for the drainage and extraction of the foreign body, which was a sewing machine needle measuring 3.5cm (Figure 4, Figure 5).

The esophageal mucosa was not perforated.

The post-operative course was uneventful, with three days of hospitalization. The patient was subsequently referred to the Psychiatry department for follow-up.



Figure 1: voluminous inflammatory left latero-cervical swelling



Figure 2: Exploratory puncture showing pus

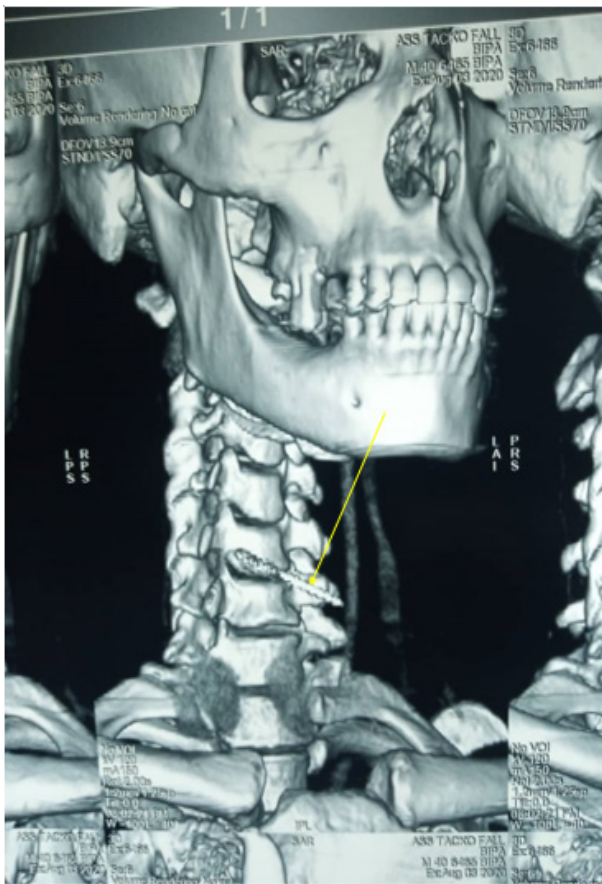


Figure 3a: 3D reconstructed CT image showing the metal needle



Figure 4: Intraoperative image of the extraction and drainage cervicotomy



Figure 5: Metal sewing needle measuring 3.5cm

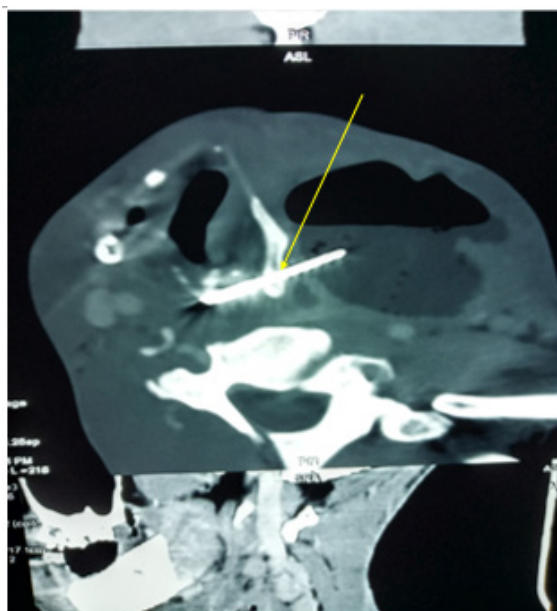


Figure 3b: Axial cervical injected CT scan showing the foreign body

## Discussion

Adult esophageal foreign bodies are often easily diagnosed. Sharp or metallic foreign bodies must be extracted urgently due to the risk of visceral or vascular perforation. Infectious complications can be circumstances of diagnosis. In the study by Keishav and al (7), a similar case was reported with foreign body ingestion kind cure dent complicate to abces cervical.



In our case, the diagnosis was made when a latero-cervical abscess occurred. The diagnosis can be more difficult, particularly in psychiatric patients who are at risk of ingestion of foreign bodies (2). This was the case with our patient, who was irregularly followed in psychiatry for schizophrenia. The unusual clinical presentation in these types of patients should prompt the realization of a CT scan or at least a radiography. In fact, it will help to rule out complications such as pneumothorax, pneumo-mediastinum, and perforation. These complications have been reported by some authors (4,5). In some cases, the evolution can lead to death when complications such as mediastinitis, oeso-tracheal or vascular perforation occur (6).

Onyekwore (9) reported a case of death from carotid perforation.

Esophageal endoscopy with a rigid tube is systematic according to several authors, he is looking for a mucous breach or in some cases extract the foreign body endoscopically. Najib Benmansour (10) reports a case whose endoscopy found only a bulging of the left wall of the hypopharynx with no bruising or mucosal wound.

In forms with cervical abscess and migration into the soft parts of the neck affirm on scanner, exploration by external approach of cervicotomy is recommended. Patients with psychotic disorders accounts for about a quarter of people who have ingested foreign body (2). They are often consecutive to distressing hallucinations. As well as cases of death have been reported in patients with schizophrenia from zinc poisoning after swallowing coins (2).

The particularity of our case report lies firstly in the fact that the patient was psychiatric, leading to a difficult interrogation. Besides, the first traditional treatment with local massage may have favored the esophageal perforation and migration of the foreign body, leading to an abscess.

## Conclusion

Missed esophageal foreign bodies can lead to life-

threatening complications. Endoscopic or radiologic exploration can help in the diagnosis, particularly in patients with psychiatric diseases. CT scan medical imaging is a valuable diagnostic aid in some cases.

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