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Summary

LOOK BENEATH THE SURFACE - ENDOSCOPIC REMOVAL OF A FISHBONE COMPLETELY EMBEDDED IN THE ESOPHAGEAL WALL

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Oesophagus

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A 25mm fishbone embedded in the cervical esophageal wall was successfully removed endoscopically 12 days after ingestion using endoscopic submucosal dissection techniques, avoiding the need for surgery.

KEY POINTS

- A 36-year-old woman presented with throat pain and foreign body sensation after swallowing a fishbone; initial upper GI endoscopy and rigid esophagoscopy did not identify the foreign body despite CT confirmation of a 25mm object in the cervical esophagus
- Repeated CT imaging showed the fishbone had migrated into the esophageal wall, and endoscopic ultrasound localized it in the second layer (muscularis mucosa) corresponding to an eroded mucosal protrusion
- A multidisciplinary team involving Gastroenterology, Otorhinolaryngology, and General Surgery planned endoscopic removal under general anesthesia with surgical backup available
- Using a DualKnife-J with a distal cap, the mucosa was incised near the erosion to expose and extract the embedded fishbone with forceps, successfully retrieving it 12 days post-ingestion
- The authors suggest that endoscopic submucosal dissection techniques and specialized instruments may enable effective endoscopic extraction of wall-embedded esophageal foreign bodies, potentially avoiding surgery

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