The esophageal foreign bodies have importance because they have serious morbidity and mortality by esophageal perforation [1]. A 25-year-old male patient with mental retardation who had history of convulsions since the age of 5 years, admitted the emergency department by discomfort in the throat. About 4 hours ago, as he was drinking coke by the glass, the glass had broken and he felt dysphagia. In physical examination, the patient’s extremities and facial muscles in the neck had spasticity, he had no orientation and his cooperation was limited. Examinations of his oropharynx was unremarkable and he had hypersalivation. The glass piece was shown by radiological imaging located at cervical part of esophagus (Figure 1). The rigid esophagoscopy was performed and the glass piece was removed by Magill forceps (Figure 2). Esophageal mucosa was intacted. Postoperatively, the patient was relieved of the discomfort swallowing, and could accept both solid and liquid foods orally. He was discharged 24 hours later. The treatment depends on the clinical status of patient and type of foreign body. Endoscopy is the most common and safe procedure. However, the foreign bodies at the first narrow of esophagus can be removed by Magill forceps [2]. If the foreign body can not be removed by endoscopy or esophageal perforation occurs, surgery should be planned.

References

Figure 1. Radiological imaging of the piece of glass in computed tomography and X-ray

Figure 2. The piece of glass