

Snapper fishbone esophageal perforation closed with an over-the-scope-clip

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An 85-year-old man with type 2 diabetes presented to a secondary hospital emergency room with a 2-day course of vomiting and epigastric pain, which started after a snapper fish meal.

The patient was alert, tachycardic, tachypneic and with intense abdominal pain. He had leukocytosis and a C reactive protein of 23.3 mg/dL. There was no evidence of organ failure. Both abdominal and chest roentgenograms showed a small amount of intraperitoneal gas which was confirmed by an abdominal CT scan. Exploratory laparotomy was negative for an abdominal visceral perforation. It did however raise the suspicion for an oesophageal perforation since there were signs of emphysema at the esophagogastric junction. The patient was then transferred to a tertiary-care centre.

An upper gastrointestinal endoscopy was performed and a 3 cm length fishbone (figure 1A) was identified on the distal oesophagus. The foreign

body was gently extracted and a 10 mm perforation documented (figure 1B). Owing to poor performance status a minimally invasive approach was undertaken. The defect was successfully closed with a 10.5 mm over-the-scope-clip (OTSC) (Ovesco Endoscopy GmbH, Tübingen, Germany; figure 1C), as assessed by fluoroscopy (figure 1D). There was no need for the anchor or twin grasper.

The patient was kept on antibiotherapy. Liquid diet was started following an unremarkable oesophageal series on day 2 (figure 2). He was discharged after 3 weeks, and was asymptomatic on 3-month follow-up.

The OTSC has been used increasingly since 2007¹ as a safe and effective method for the closure of gastrointestinal wall defects,² with few applications in the oesophagus being reported and most in the context of postsurgical management.³

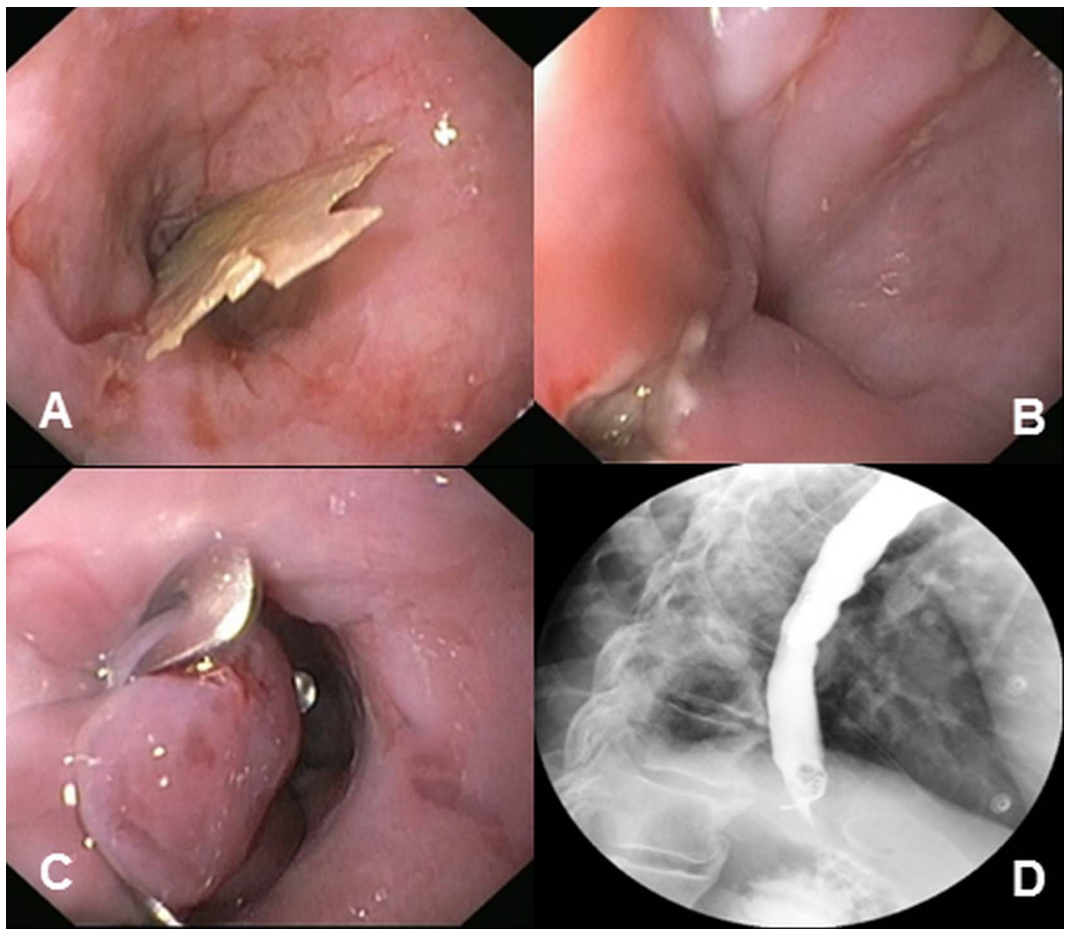


Figure 1 (A) Snapper fishbone lodged in the distal oesophagus; (B) perforation in the distal oesophagus with 10 mm longitudinal diameter; (C) defect closure with the over-the-scope-clip; (D) fluoroscopy image showing the clip immediately after the application.



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Figure 2 Oesophagus transit 2 days after the endoscopic procedure; (A) radioscopy image of the oesophagus before swallowing of the oral contrast, where it can be easily identified the over-the-scope-clip in place; (B) oesophageal series image confirming the closure of the defect.

Learning points

- ▶ The value of a detailed clinical history and to have a high degree of suspicion for a late manifestation of a perforation due to a fishbone.
- ▶ Impaction of foreign bodies is usually at the cricopharyngeal level (70%) and seldom at the lower oesophageal sphincter (10%).
- ▶ Fishbone has a low calcium content which renders it hard to see on the roentgenogram.
- ▶ Successful over-the-scope-clip usage for the (late) management of an oesophageal perforation in a septic octogenarian.

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