

Clay impaction causing acute dysphagia

Monica Gupta, Atul Sachdev, S S Lehl, Kamal Singh

Department of Medicine,
Government Medical College
and Hospital, Chandigarh,
India

Correspondence to

Dr Monica Gupta,
monicamanish2001@gmail.
com

DESCRIPTION

A 50-year-old woman presented to the emergency department with history of lower retrosternal chest discomfort and acute dysphagia. Questioning revealed that she had consumed large pieces of clay (~200 g) half an hour prior to the chest pain. She had made desperate attempts to relieve the dysphagia by drinking water which made her condition worse. She worked in a boutique and used these dry clay pieces as a cheap alternative to 'tailor's chalk'.

On examination she was anxious, restless and saliva was drooling from her mouth. The hemodynamic parameters and bedside ECG were within normal limits. An upper gastrointestinal endoscopy (UGIE) demonstrated a big impacted lump of the clay causing complete obstruction of the lower esophagus (figure 1). In addition, there were small bits and large pieces of unchewed clay and other detritus lying along the esophageal wall. The clay was removed piecemeal with the help of dormia basket (figure 2). A small hiatus hernia and a mild lower esophageal stricture were the additional findings on UGIE.

Although there was no apparent psychiatric illness, patient used to eat clay (pica) habitually for last 3 years to allay hunger while travelling to her workplace. Investigations did not reveal any evidence of iron or other nutritional deficiencies.

Pica is an eating disorder typically defined as the compulsive and persistent ingestion of non-nutritive substances for a period of at least 1 month at an age at which this behaviour is developmentally inappropriate. This practice has been described since antiquity and the scientific basis of such irrational human behaviour has no concrete explanation as yet. Geophagia (eating dirt) is the most common form of pica recognised and is widespread, often deemed to be culturally appropriate in certain communities. Pica is a widely prevalent disorder but



Figure 2 The clay being removed with the help of dormia basket.

is often under-reported and unrecognised. Pica may be benign, or it may have life-threatening consequences, as in our case.^{1 2} Pica, specifically clay ingestion causing acute dysphagia is unreported in English medical literature.

Learning points

- ▶ Acute dysphagia due to foreign bodies is generally uncommon in adults and most often due to large hurriedly chewed food boluses especially meat bolus.
- ▶ An unusual cause of acute dysphagia (as in our case) definitely needs psychiatric/psychological assessment.
- ▶ The best investigational modality is the flexible endoscopy with the potential to remove the impacted material and diagnosing underlying oesophageal disorders.



Figure 1 Upper gastrointestinal endoscopy showing a big impacted lump of the clay causing complete obstruction of the lower esophagus and large chunks of clay lying along the wall.

To cite: Gupta M, Sachdev A, Lehl SS, et al. *BMJ Case Rep* Published online: [please include Day Month Year] doi:10.1136/bcr-2013-008929

Contributors MG and AS were the primary physicians treating the patient and follow-up, and they have drafted the manuscript. SSL and KS have put in their valuable inputs in patient management, data retrieval (images), literature review and preparation of the manuscript. All the authors have critically analysed the text, images and have contributed significantly in shaping of the final manuscript.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

REFERENCES

- 1 Trivedi TH, Daga GL, Yeolekar ME. Geophagia leading to hypokalemic quadripareisis in a postpartum patient. *J Assoc Physicians India* 2005;53:205–7.
- 2 Bateson EM, Lebroy T. Clay eating by aboriginals of the Northern Territory. *Med J Aust* 1978;1(Suppl 1):1–3.

Copyright 2013 BMJ Publishing Group. All rights reserved. For permission to reuse any of this content visit <http://group.bmj.com/group/rights-licensing/permissions>.
BMJ Case Report Fellows may re-use this article for personal use and teaching without any further permission.

Become a Fellow of BMJ Case Reports today and you can:

- ▶ Submit as many cases as you like
- ▶ Enjoy fast sympathetic peer review and rapid publication of accepted articles
- ▶ Access all the published articles
- ▶ Re-use any of the published material for personal use and teaching without further permission

For information on Institutional Fellowships contact consortiasales@bmjgroup.com

Visit casereports.bmj.com for more articles like this and to become a Fellow