Clay impaction causing acute dysphagia

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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 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 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.

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.

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REFERENCES
