Wrist Watch Dial with Machine in Esophagus: A Rare and Dangerous Presentation

Ashish K Maurya, Shalini Jadia, Leena Jain

ABSTRACT
An uncommon and dangerous foreign body in the esophagus, like wrist watch dial with machine and three hands, can be life threatening. We report the successful removal of such dangerous foreign body from the esophagus of an adult mentally retarded patient.

Keywords: Esophagus, Mentally retarded, Rigid esophagoscopy, Wrist watch dial with machine.

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INTRODUCTION
Foreign bodies of esophagus and cricopharynx are very common in day-to-day ear, nose and throat (ENT) practice. After aural and nasal foreign bodies, esophageal foreign bodies are the most common foreign bodies. A total of 80% of esophageal foreign bodies are seen in children. Boys are at greater risk as they are more involved in outdoor activity. In adults, fishbone, chicken bone, or dentures are the common foreign bodies, but foreign body like wrist watch dial with machine and three hands is extremely rare. Only 2 to 3 cases are reported in the literature.

In our case, the foreign body wrist watch dial with machine and three hands was lodged in the cricopharynx of an adult mentally retarded patient, with potential danger of esophageal perforation because of sharp edges of watch dial and hands. Urgent removal was mandatory in this case.

CASE REPORT
A 28-year-old mentally retarded patient presented to the emergency department of our hospital with pain in swallowing and vomiting on feed. Relatives gave history of self-ingestion of a metallic wrist watch dial with machine and three hands a day before. After radiological confirmation (Fig. 1) of foreign body in cricopharynx, urgent rigid esophagoscopy under general anesthesia was planned in emergency. Metallic wrist watch dial with machine and three hands (Fig. 2) was removed with some difficulty due to mucosal edema. Esophagus was checked for abrasions, lacerations, and perforation. Some abrasions were present in the cricopharynx. The patient was kept nil orally for 6 hours and kept on liquid diet. He was kept under close observation for 2 days, then discharged without any complication.
DISCUSSION

After the foreign body of ear and nose, esophageal foreign bodies are the third most common foreign bodies. Among esophageal foreign bodies, metallic coins are the most common in children, and fishbone is most common in adults. Most of the patients are from rural background. Foreign bodies like metallic pins, safety pins, nails, dentures, marble balls, stones, bolts, chicken bone are also seen in day-to-day ENT practice. But foreign body like wrist watch dial with three hands and machine is extremely rare, only 0.1% cases are reported yet. These types of foreign bodies are only seen in mentally retarded patients. A foreign body of esophagus is removed more safely with an open esophagoscope and general endotracheal anesthesia on emergency basis, because as time passes, mucosal edema increases, which can cause difficulty in retrieval of foreign body and may cause mucosal lacerations and tear. Radiological confirmation is of paramount importance before rushing to operation theater. After successful removal of such sharp foreign bodies, esophagus should be carefully checked for any mucosal laceration, tearing, or perforations. Even in doubt of any laceration or tear, careful Ryle’s tube insertion is mandatory for 3 to 5 days or according to injury. Especially, foreign bodies like wrist watch dial with hands and machine are more dangerous as metallic hands can get dislodged and pierce the esophagus and nearby vessels which can be fatal.

CONCLUSION

Sharp foreign bodies of the aerodigestive tract are emergencies in ENT practice, and they should be removed urgently. Psychiatric history is important, and clinical suspicion should be high in such patients. Reexamination of esophagus for lacerations, perforations, and strictures is of paramount importance in such patients.

REFERENCES