

## Foreign Body (needle with thread) in the Esophagus

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The needle with thread is unusual in the esophageal foreign bodies even though needle is one of the common offenders.

In this paper, a case of the foreign body (needle with thread) in the esophagus is present.

### CASE REPORT

A boy aged one and a half years was admitted to our clinic on July 20th, 1967, as an emergency case which swallowed a needle with thread in the early morning of this day. When he ate a bread, a thread remained in the mouth. Instantly, his mother awared of that a needle was sticked on the bread, and pulled up the thread, however it firmly fixed and could not be removed. At that time he never had an attack of cough, dyspnea and stridor.

On admission the patient is a moderately well nourished baby. His temperature is 36.5°C, pulse rate 78 and respiratory rate 22. The chest is normal in percussion or auscultation.

In local examination, the thread passed into the throat deeply and a lot of salivas was remained in the hypopharynx.

A roentgenogram was taken, which showed a fine opaque object about 4 cm. in length vertically at the middle portion of the chest, leveling between the 2nd and 5th thoracic vertebrae (Fig. 1).

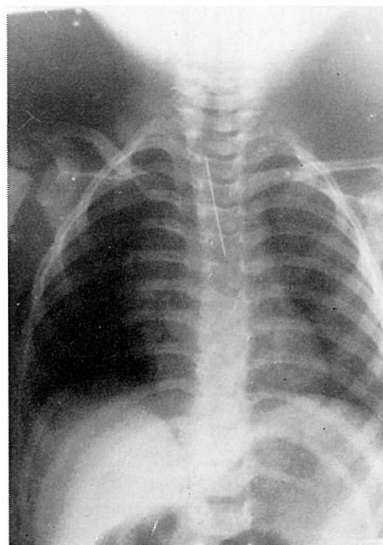


Fig. 1. X-ray of the chest reveals the outline of a needle lodged in the right lateral wall of the esophagus at the level of the five breast bone from two.

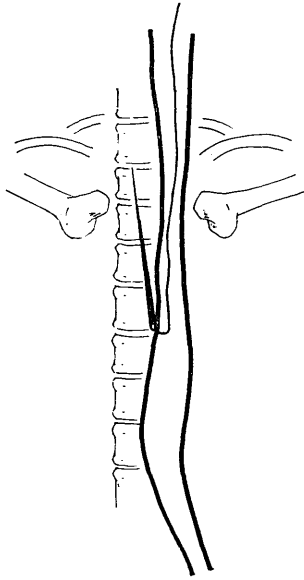


Fig. 2. The sewing needle with thread is buried in the esophagus.

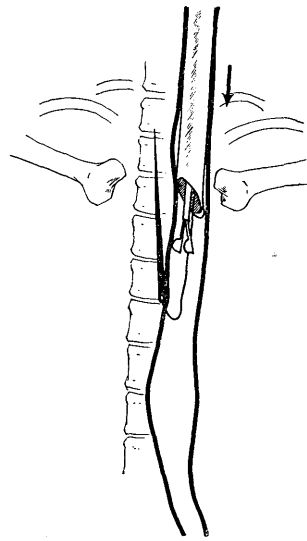


Fig. 3. Cutting and withdrawal of the thread through the endoscope.

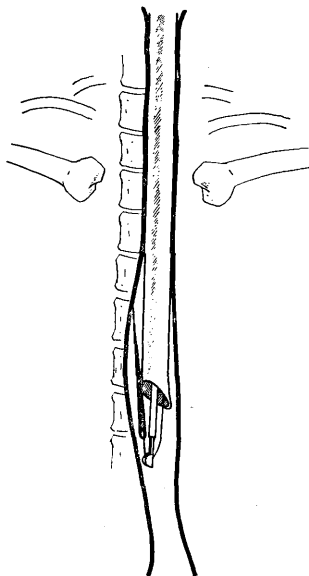


Fig. 4. It shows the buried needle is taken out from the esophagus.

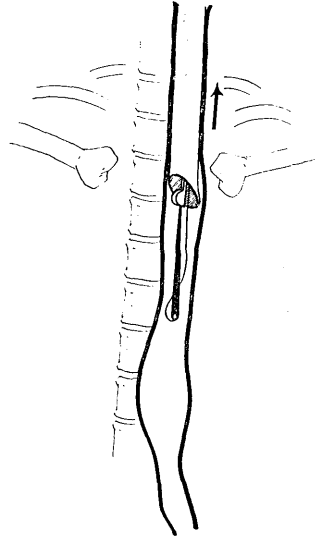


Fig. 5. Showing success of pinching the foreign body out by pinching out the needle.

Immediately an esophagoscopy removal was attempted under general anesthesia. The thread led to the esophagus deeply 16 cm. distant from the upper incisor and at this portion it disappeared penetrating to the mucosa of the right sided esophageal wall. However, the needle could not be seen at all. The thread was passed through the esophagoscopy and then was pulled downward to the lower esophagus by a forceps, getting to disclose the needle, and was removed. The needle was sticking inversely to upside. It was illustrated by Fig. 2. The procedure of removal of the foreign body was also illustrated by Fig. 3, 4 and 5.

After the surgery, antibiotics were given and the patient was discharged without any signs of infection.

### COMMENTS

There have been many statistical observation of foreign bodies in the esophagus. In during recent two and a half years perior, from Jan. of 1964 to Sept. of 1967, 23 cases with esophageal foreign body were totalized in our Department, which were compared with those of other authors (Table1). Coins were most common in the esophageal foreign bodies in our experience as well as that of other investigators. Needle was not so usual and still more the needle with thread was not reviewed. Jackson<sup>1</sup> reported that, out of 1853 cases with foreign body in the esophagus, 249 (13.4 %) were needles.

Table 1. Type of Foreign Bodies

	Takeda (Yamaguchi Univ.) 1964-1967	Sasaki (Kyusyu Univ.) 1936-1945	Ono (Japan) 1959	Jackson 1957
Coins	11	71	2002	535
Fish bones	6	42	1588	626
Toys	2	19	168	79
Needles (or hooks)	1 (4.3 %)	3 (1.9 %)		249 (13.4 %)
Food particles	1	4	269	443
Dentures	0	11	394	84
Others	2	10	967	356
Total	23	160	5388	1853

Sometimes, a sharp foreign body penetrates the esophageal wall and migrates to the adjacent organs as a extra-esophageal foreign body, complicating infectious

lesion.

In the case reported here, if the needle was not threaded, it might migrate through the esophageal wall, causing mediastinitis and producing progressive pain, fever, chills and prostration.

#### SUMMARY

A rare case of foreign body in the esophagus, the needle with thread, was reported, being seen in one and a half years aged boy.

#### REFERENCES

- 1) JACKSON and JACKSON, M.D.: *Bronchoesophagology*, W.B. Saunders Company., 1951.
- 2) KAWATA, S.: Foreign bodies in esophagus. *Handbook of Otolaryng.*, 3/2: 596-606.