Impacted Esophageal Foreign Body Mistaken for Chronic Pharyngitis

An otherwise healthy well-thriving 18-mo-old boy was brought to pediatric emergency department with complaints of intermittent fever, vomiting and dysphagia for solid foods for last 3 months. He was treated as chronic pharyngitis at several hospitals before referral, and no chest radiograph was obtained before. Examination revealed congested posterior pharyngeal wall, bilateral normal air entry and no added chest sounds. Chest radiograph revealed a coiled spring impacted in upper esophagus (Fig. 1), which was removed endoscopically. After 48 hours, child was discharged. On one month follow up, patient was asymptomatic and doing well.

Diagnosis of gastrointestinal foreign bodies is straightforward, if caregivers witness a child taking any foreign body in mouth. Otherwise, it can lead to delay in diagnosis as patient may present with non-specific symptoms *viz.*, unexplained fever, sore throat, cough, stridor, wheezing, vomiting, dysphagia and abdominal pain generating large number of differential diagnoses.^{1,2} Hence gastrointestinal foreign body should be suspected in any healthy child visiting physician repeatedly for aforementioned symptoms which are for long duration and not improving with standard treatment for more prevalent conditions.³ Dysphagia should be suggestive of esophageal foreign body.

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Fig. 1. Impacted foreign body in upper esophagus.

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