

Esophageal Perforation Secondary to Camel Bone Ingestion: *An Unusual Case of Chest Pain and Pericardial Effusion*

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Case Summary

- 36 year-old male presented with 1 week of progressive chest pain.
- EKG showed ST elevation and his troponin was elevated. However, coronary angiogram did not reveal significant coronary artery disease.
- A trans-thoracic echocardiogram showed pericardial effusion and his inflammatory markers (WBC, CRP, and procalcitonin) were elevated.
- A pericardiocentesis was performed and 250 cc of purulent fluid was drained. CT scan of the chest showed esophageal perforation with a 3 cm foreign body.
- The patient was made NPO, started on broad-spectrum antibiotics, and transferred to our hospital for further management.
- On arrival, patient was tachycardic but normotensive.
- He complained of mild chest discomfort but no significant respiratory distress.

- He underwent EGD, which showed food impaction along with 2 pieces of camel bone lodged in the upper esophagus, just distal to the cricopharyngeus.
- The site of perforation had mild ischemia. After the camel bone was removed, a fully-covered self-expandable metal stent was placed to cover the perforation.
- Started on a clear liquid diet the following day.
- A bronchoscopy was performed and there was no trachea-esophageal fistula.
- The esophageal stent was removed one week later.
- Three weeks after admission, patient was discharged home on a soft diet and one additional week of IV antibiotics.

Conclusion

- Esophageal stents are increasingly used as a therapeutic tool for esophageal perforations. This procedure often allows patients to avoid a morbid surgical operation.
- This case report illustrates an unusual cause of esophageal perforation from a foreign body that was safely managed by esophageal stenting.

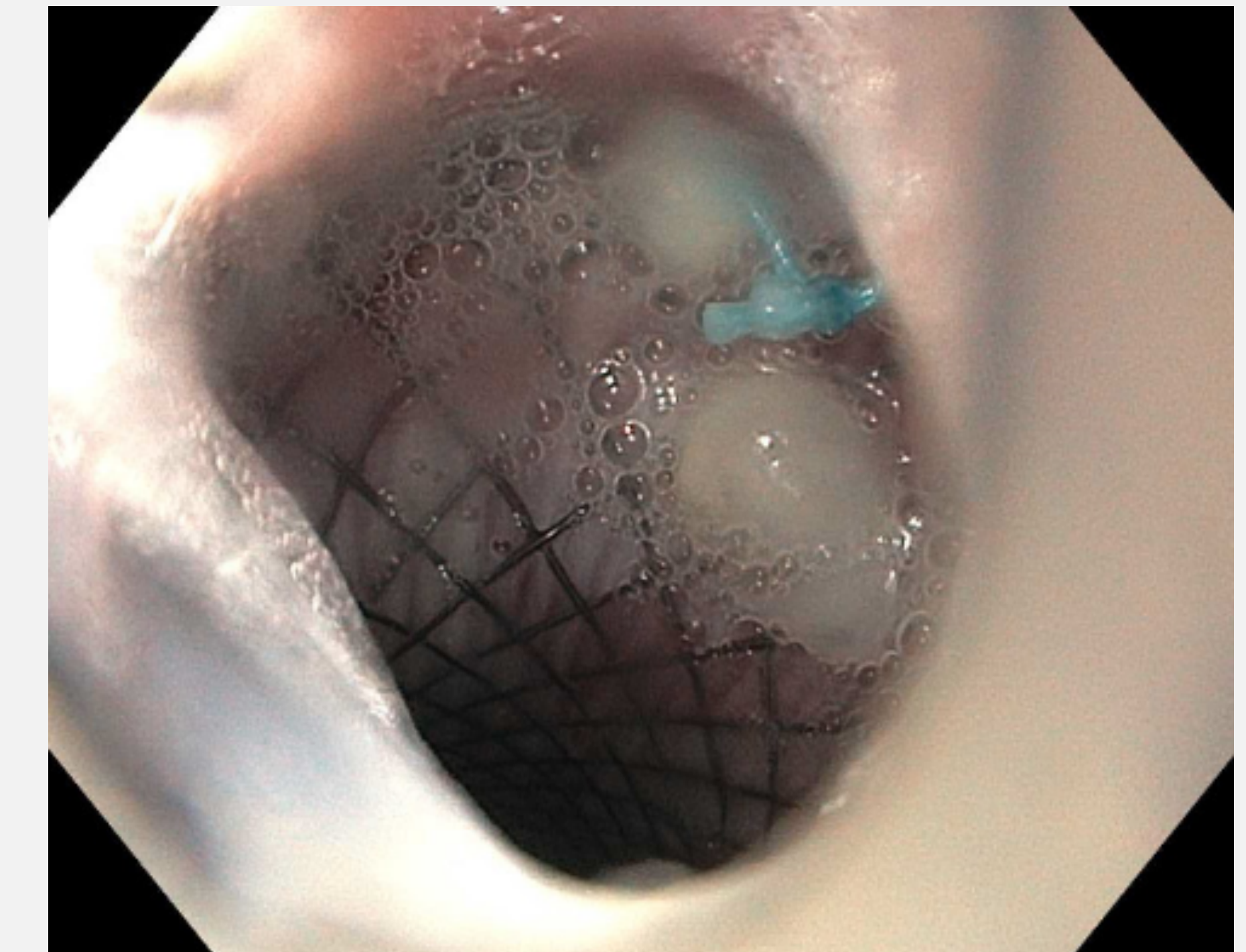


Image 1: esophageal stent placement

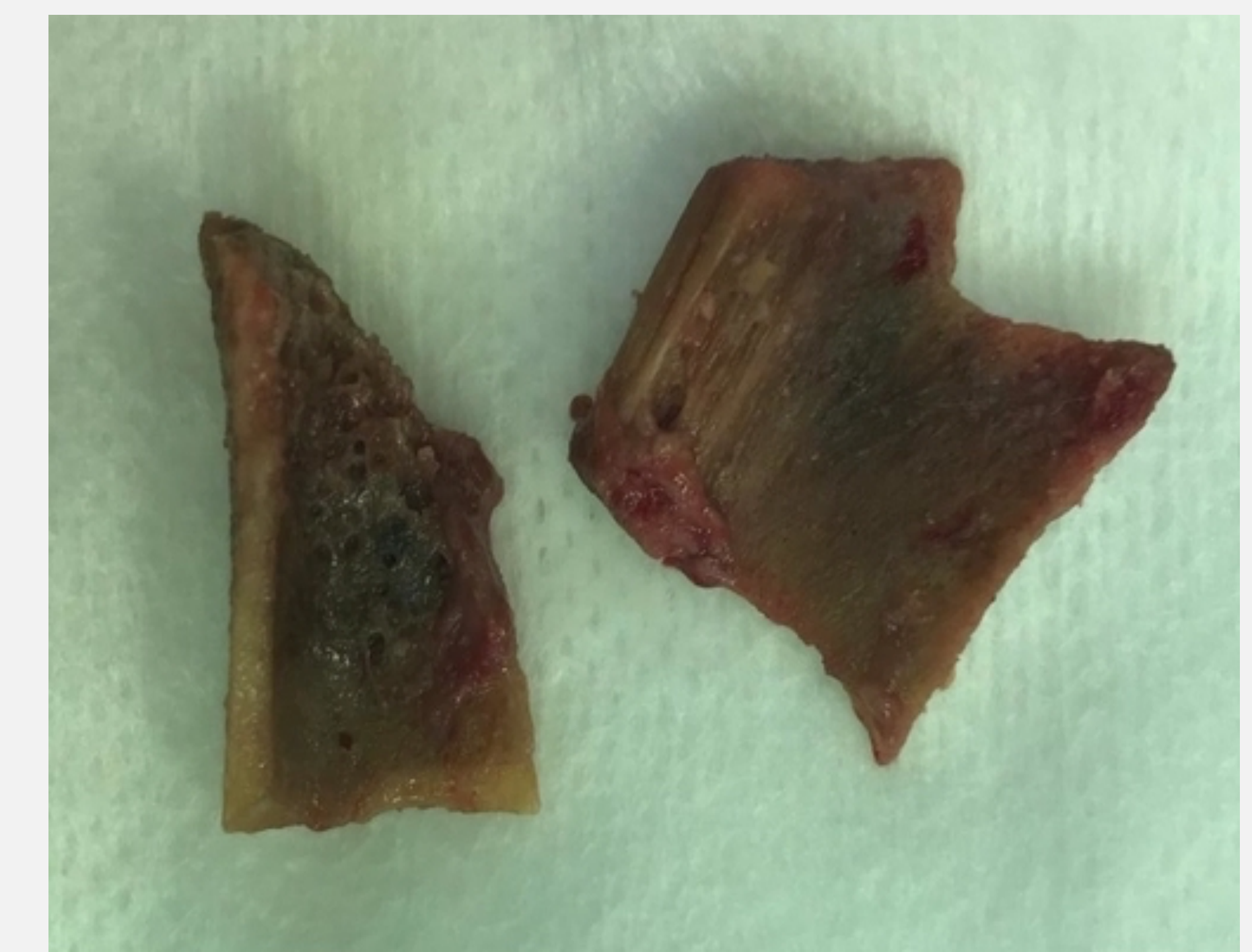


Image 2: camel bone extracted from esophagus