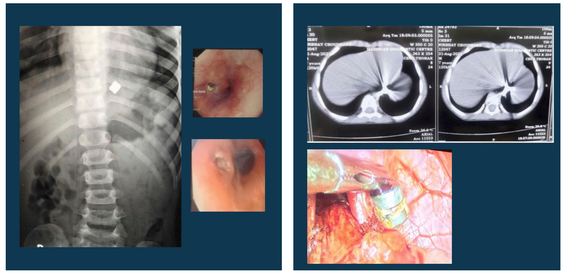
LAPAROSCOPIC RETRIEVAL OF PERFORATED LOWER OESOPHAGEAL FOREIGN BODY

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INTRODUCTION

Esophageal Foreign bodies continue to pose surgical emergency. Timely intervention is necessary to prevent complications like perforation,obstruction. Treatment options include Endoscopic or Surgical retrieval.



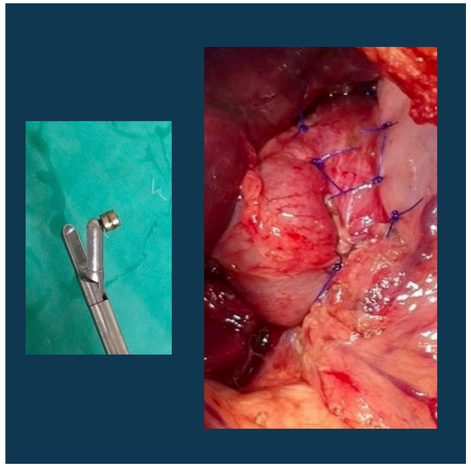
CASE PRESENTATION

7-year-old boy had a history of accidental ingestion of a metallic magnetic foreign body 10 days back. Immediately after ingestion, he was taken up to a hospital and underwent upper GI endoscopy. It revealed the presence of an impacted foreign body just proximal to the GE junction with a mucosal tear. The patient was informed about endoscopic retrieval and its complications. The patient did not opt for the procedure and came to our hospital for further treatment.
On presentation to us, X-ray abdomen revealed a radio-opaque foreign body just below the left diaphragm, probably in the esophagus. Repeat endoscopy at our hospital showed ulceration above the gastroesophageal junction, and the foreign body was not seen in the lumen. CECT abdomen with thorax was done to localize the foreign body. The image was scattered at the level with artifact, and it was not certain about the exact plane of the foreign body. Suspecting a perforation in the esophagus near the GE junction, the patient was taken up for diagnostic laparoscopy. Hiatus dissection was done, and a metallic foreign body was found in the left crus. As the instrument got stuck to the magnetic foreign body. The foreign body was retrieved. There was a rent of 2cm in the lower end of the esophagus extending up to the GE junction. It was repaired using 3-0 Vicryl upto the GE junction, and Toupet fundoplication was done as a protective measure to the repair.

The patient was kept NBM for 3 days. Oral contrast study was done on POD 4, which was normal. The patient was started orally and discharged.

DISCUSSIONS AND CONCLUSIONS

Foreign body leading to perforation is a dangerous complication. Intra-thoracic or abdominal perforation leads to mediastinitis or peritonitis, respectively. Emergency surgical exploration, retrieval of the foreign body, and repair of a perforated esophagus or bowel is the treatment of choice. Esophageal repair in layers and cover with fundoplication is the treatment of choice for lower esophageal perforation. In our case, there was perforation and before the development of frank peritonitis, so the patient was planned for laparoscopic surgery. With laparoscopy, the patient's recovery was also quick.





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