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Int J Case Rep Images 2018;9:100949Z01BT2018.
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Knife swallowing ended up with esophagectomy

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CASE REPORT

A 30-years-old male was admitted to surgical emergency department with three-day history of shortness of breath and chest discomfort. He looked healthy, but confused. According to the patient`s statement, he did not have any cronicalillneses or operation, and his medical history was ordinary. His parents told us that his behaviour changed in the last few weeks. He was afebrile with normal vitals, and no associated nausea, vomiting, or fever was present. Lung auscultation showed normal results. After the initial assessment, a chest X-ray was performed (Figure 1), which revealed large, stright edge kitchen knife in the oesophagus. After being presented with a chest X-ray, the patient showed no knowledge, or any memory whatsoever, of swallowing the knife, and even looked a bit surprised. He had firmly refused proposed endoscopic examination, initially offered by a physician. Abdominal CT showed the same, without any evidence of pneumothorax, pneumomediastinum or pneumoperitoneum (Figure 2). After the initial assessment, and due to the size and position of the knife, it was estimated that endoscopic removal would be too risky, and was therefore decided that it would have been in the best interest of the patient to undergo surgical extraction by esophagectomy (Figures 3 and 4), and three months later esophageal reconstruction with colonic interposition.

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Received: 10 September 2018
Accepted: 12 September 2018
Published: 14 September 2018

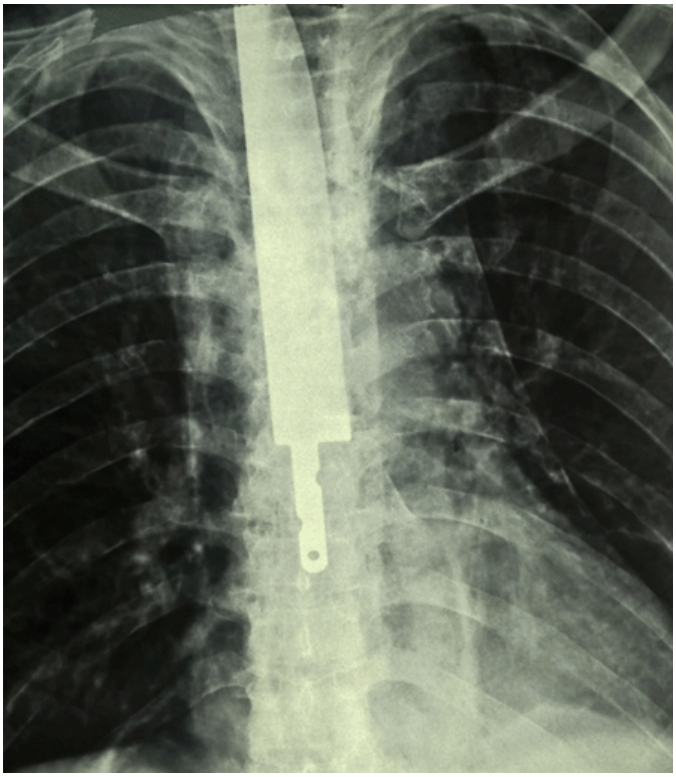

Figure 1: Chest X-ray examination revealing presence of knife in oesophagus.

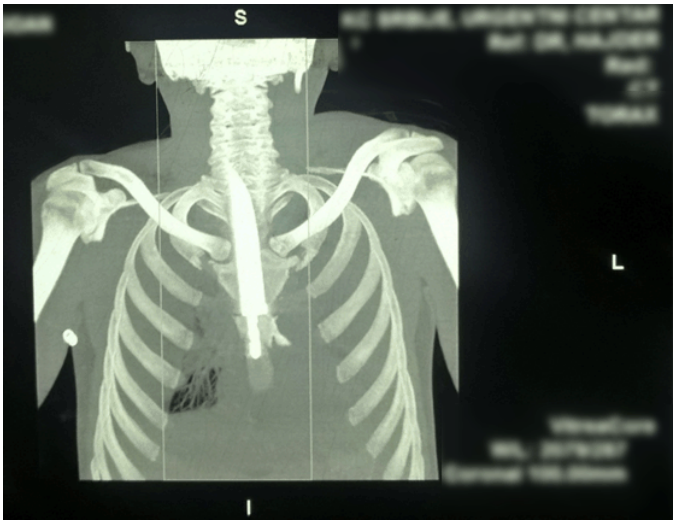

Figure 2: Computed tomography (CT) of the chest.

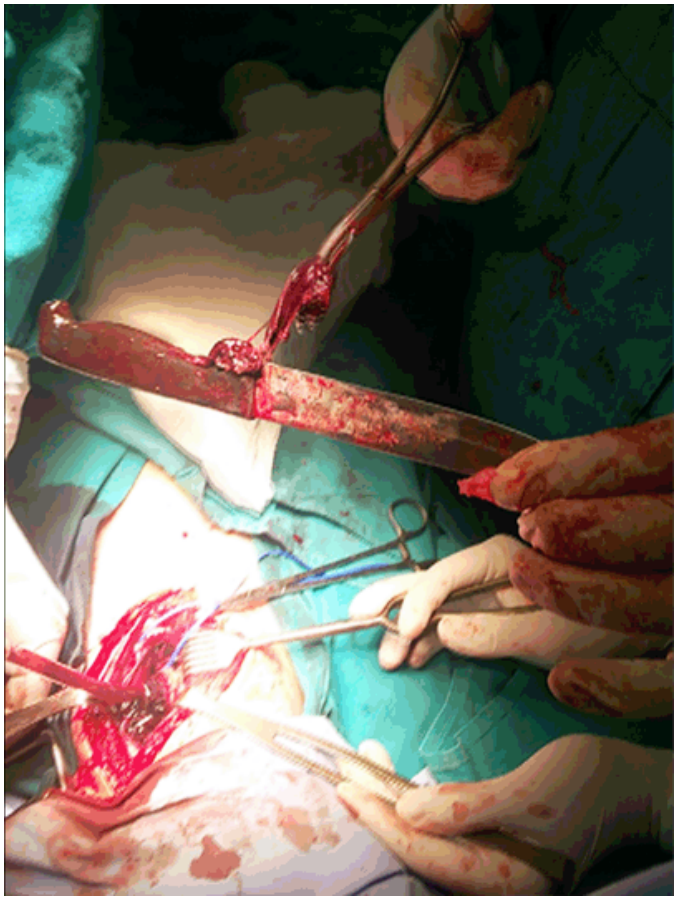

Figure 3: Intraoperative photo – Knife extracted from esophagus.

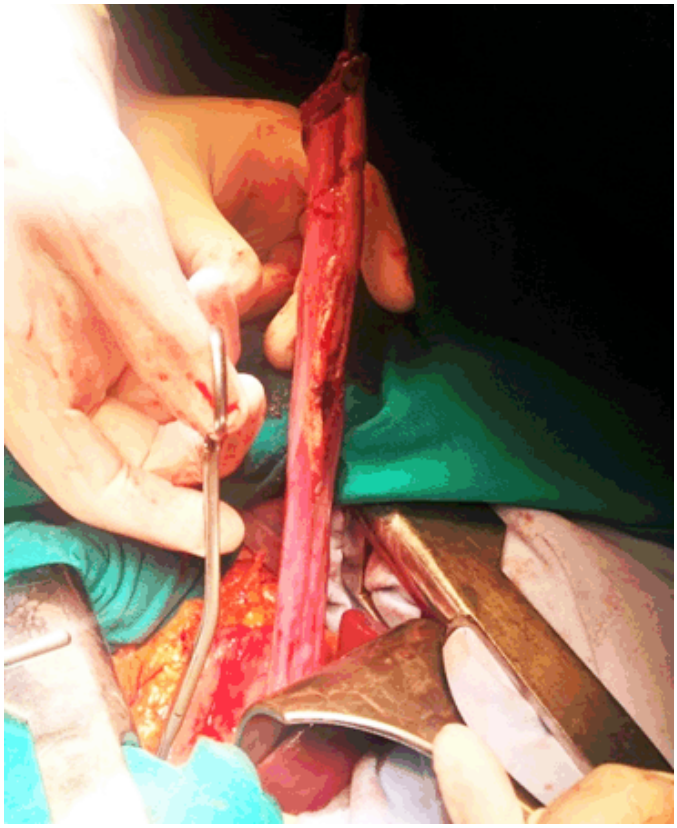

Figure 4: Intraoperative photo – Esophagectomy.

DISCUSSION

Ingestion of foreign objects is a common clinical problem and complaint for emergency room visits. Eighty percent of all cases of ingested foreign bodies are in children [1]. Adults admitted for foreign body ingestion are frequently prisoners, psychiatric patients, patients with developmental or learning disabilities, and patients with alcohol dependence. Psychotic patients may engage in foreign-body ingestion as a result of their delusional beliefs or in response to command hallucinations [2]. Also, there are also patients with severe personality disorders who repeatedly engage in foreign-body ingestion as a form of provocative, parasuicidal behavior. One distinctive feature of this method of self-harm is that it may not be immediately apparent to the physician [3].

CONCLUSION

There is no current data regarding the incidence or prevalence of foreign body ingestion in the context of psychiatric inpatients or forensic psychiatry hospital institutions, although experience suggests that its occurrence is frequent enough to warrant future scientific investigation.

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Keywords: Esophagectomy, Esophagus, Foreign body swallowing, Parasuicidal behavior

How to cite this article

Tadić BS, Grubor NM, Milosavljević VM, Veselinović MD. Knife swallowing ended up with esophagectomy. Int J Case Rep Images 2018;9:100949Z01BT2018.

Article ID: 100949Z01BT2018

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doi: 10.5348/100949Z01BT2018CL

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Author Contributions

Boris S. Tadić – Substantial contributions to conception and design, Acquisition of data, Analysis and interpretation of data, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published
Nikola M. Grubor – Substantial contributions to conception and design, Acquisition of data, Analysis and interpretation of data, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published
Vladimir M. Milosavljević – Substantial contributions to conception and design, Acquisition of data, Analysis and interpretation of data, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published
Milan D. Veselinović – Substantial contributions to conception and design, Acquisition of data, Analysis and interpretation of data, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published

Guarantor of Submission

The corresponding author is the guarantor of submission.

Source of Support

None.

Consent Statement

Written informed consent was obtained from the patient for publication of this clinical image.

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Written informed consent was obtained from the patient for publication of this clinical image.

Conflict of Interest

Authors declare no conflict of interest.

Data Availability

All relevant data are within the paper and its Supporting Information files.

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