

Impacted Coin in Esophagus in a 5-year-Old Child

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Foreign body ingestion is more common in children than in adults. The coin is the most common foreign body impaction seen in children and usually occurs at the level of Cricopharynx.

Most of the children who present with foreign body impaction have normal anatomy and impaction occurs at the site of normal physiological narrowing. There are three normal physiological narrowings in the esophagus, upper esophageal sphincter, mid esophagus, and lower esophageal sphincter. Impaction of foreign bodies in children occurs at the upper esophageal sphincter in approximately 74% of cases. In adults the impaction is seen at the site of narrowing caused by pathological abnormalities.¹ Infants and young children don't usually present with the symptoms of impaction and the history of ingestion is usually given by parents.



Fig-1: Endoscopic photograph showing coin being removed from the esophagus.

The patient is usually examined for airway patency, ability to swallow secretions, abnormal breath sounds besides local

examination of the neck, chest, and abdomen.

An X-Ray chest with an abdomen (AP view) will provide information about the type, size, and location of the foreign body. Coin location is important with 10% of proximal esophageal coins, 26% middle esophagus coins, and 43% of distalesophagus coins passing spontaneously within 16 hours of ingestion.²

Foreign body impacted in the esophagus should be removed as soon as possible. Endoscopic removal is the procedure of choice and is successful in more than 90% of cases with less 5% complication rate.²

References.

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