

FATAL HAEMATEMESIS DUE TO IMPACTED FOREIGN BODY IN THE OESOPHAGUS

Pages with reference to book, From 39 To 40

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Cases of impacted foreign body in the oesophagus are common¹⁻³, but they usually move down the oesophagus into the stomach or are removed at oesophagoscopy⁴. Fatal haematemesis following the ingestion of foreign body is uncommon. We present a case where fatal haematemesis and death occurred after many days of ingestion of the foreign body. It is therefore stressed that prompt removal of impacted foreign body should be done to reduce morbidity and mortality.

CASE REPORT

A 35 year old male presented to the hospital with a day's history of haematemesis and dizziness. He had vomitted about 1.5 litres of blood on the day of presentation while in a native doctor's house and had another bout of 0.5 litres haematemesis in the hospital immediately after presentation. He went into hypovolaemic shock and died despite the necessary resuscitative measures. He was earlier admitted by the native doctor seven days before presentation because of dysphagia and chest pain following the ingestion of a fish bone on the same day. Chest massage and some medicines were administered by the native doctor. The patient requested for transfer to the hospital after the first episode of haematemesis. A post-mortem examination carried out on the patient revealed two litres of altered blood in the stomach and small intestine and a triangular fish bone about 6x5.4x3 cm³ in size was found stuck between the oesophagus and the left main bronchus. There was perforation of the anterior surface of the oesophagus at the level of the left main bronchus with transected left bronchial vessels.

DISCUSSION

Foreign bodies are normally arrested at the narrow parts of the oesophagus, i.e., at either end or at the level where oesophagus is crossed by the left bronchus⁵. Impacted foreign body may lead to oesophageal perforation, pneumomediastinum, mediastinitis, pneumothorax and empyema⁶. These complications may be severe enough to lead to death. Massive haemorrhage following foreign body ingestion is not common. The delay in treatment and chest massage by the native doctor might have been responsible for oesophageal penetration by the foreign body and subsequent laceration of the left bronchial artery which was the source of the massive haemorrhage. In conclusion, foreign bodies in the oesophagus should be promptly removed as delay may lead to high morbidity and mortality.

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