

To chew carefully and swallow slowly

Kuei-Chuan Lee^{a,b,*}, Yi-Hsiang Huang^{a,b}

^aDivision of Gastroenterology and Hepatology, Department of Medicine, Taipei Veterans General Hospital, Taipei, Taiwan, ROC;

^bDepartment of Medicine, National Yang-Ming University School of Medicine, Taipei, Taiwan, ROC

Foreign body accidental swallowing is not uncommon and many people had experienced it. Fortunately, most ingested foreign bodies (80%-90%) pass spontaneously and asymptomatic. Observation is the treatment of choice for blunt, short (<6 cm), and narrow (<2.5 cm diameter) foreign bodies, especially when they have passed the pylorus. Spontaneous passage can mostly occur within 1 week.¹ However, when sharp objects, batteries, or anything causing total obstruction of esophagus, emergent endoscopic management within 6 hours is recommended.²

In the current issue of JCMA, Lee et al reported their experience of endoscopic management for foreign body ingestion in a single Northern Taiwan hospital. To date, this is the largest cohort (n = 280) reported in Taiwan. They found that most foreign bodies lodged in the esophagus (77.9%) and the most common sharp-pointed object were fish bones (56.8%). Nearly all patients (99.2%) received foreign body removal within 24 hours without major complications or death.³ Similarly, Yao et al reported their endoscopic management of foreign bodies in the upper gastrointestinal tract of adults (n = 198) from a Southern Taiwan hospital and found that the esophagus was the most common lodgment site (75.6%); however, the majority of the ingested foreign bodies detected endoscopically were food boluses (41.6%) and fish bones were the second most frequent (12.5%). Nevertheless, 58 incidents of reported foreign bodies' ingestion in Yao's study (25.6%) failed to be found by endoscopic procedure. Actually, the most common cause of patients' visits to the emergency room was fish bone ingestion in Yao's study and 29.3% of these fish bones were not detected endoscopically.⁴ Furthermore, both articles reported that middle-aged women are more likely to swallow foreign bodies. Importantly, 64.5% of patients with food boluses obstruction in the Lee's study and 42.5% of patients with food boluses obstruction in the Yao's study had underlying esophageal pathology. Hence,

a repeat endoscopy after extraction of food boluses is recommended.⁵ Another interesting finding in Lee's study is that five patients complicated with esophageal microperforation with pneumomediastinum, mediastinitis, or abscess formation were successfully treated by conservative treatment without surgery. In contrary, four patients with esophageal wall penetrated by fish bones in Yao's study were treated with surgery. Therefore, surgical intervention may be reserved for the patients who failed conservative therapy and in patients with microperforation after wound closure by hemoclips.

The timing of endoscopic intervention for foreign body ingestion, especially sharp-point objects or battery may influence the outcome. Although the endoscopic procedure to removal the foreign bodies in upper gastrointestinal tract is popular and accessible in most counties in Taiwan, a delay in time-to-scope (335.5 ± 526 min) was still noted in Yao's study. In current Lee's study, the ingestion time was not recorded; however, notably, the mean door-to-scope of patients who had complications was longer than those without complications (7.36 ± 5.82 hours vs 5.78 ± 5.18 hours). Hence, the patients with foreign body digestion were suggested to first visit a hospital, which can provide immediate endoscopic intervention.

To prevent foreign body ingestion, food should be specially treated for individuals with psychiatric disorders, mental retardation, alcohol intoxication, oral disorder, or esophageal disorder. Taiwan is an island with abundant fisheries, and most inhabitants often eat fish, which may account for the high percentage of fish bone ingestion. In addition to eating fish after removing the bones, we should chew carefully and swallow slowly!

REFERENCES

1. Ambe P, Weber SA, Schauer M, Knoefel WT. Swallowed foreign bodies in adults. *Dtsch Arztebl Int* 2012;109:869-75.
2. Birk M, Bauerfeind P, Deprez PH, Häfner M, Hartmann D, Hassan C, et al. Removal of foreign bodies in the upper gastrointestinal tract in adults: European Society of Gastrointestinal Endoscopy (ESGE) Clinical Guideline. *Endoscopy* 2016;48:489-96.
3. Lee CY, Kao BZ, Wu CS, Chen MY, Chien HY, Wu LW, et al. Retrospective analysis of endoscopic management of foreign bodies in the upper gastrointestinal tract of adults. *J Chin Med Assoc* 2019;82:105-9.
4. Yao CC, Wu IT, Lu LS, Lin SC, Liang CM, Kuo YH, et al. Endoscopic management of foreign bodies in the upper gastrointestinal tract of adults. *Biomed Res Int* 2015;2015:658602.
5. Li ZS, Sun ZX, Zou DW, Xu GM, Wu RP, Liao Z. Endoscopic management of foreign bodies in the upper-GI tract: experience with 1088 cases in China. *Gastrointest Endosc* 2006;64:485-92.

*Address correspondence: Dr. Kuei-Chuan Lee, Division of Gastroenterology and Hepatology, Department of Medicine, Taipei Veterans General Hospital, 201, Section 2, Shi-Pai Road, Taipei 112, Taiwan, ROC. E-mail address: kcllee2@vghtpe.gov.tw (K.-C. Lee).

Conflicts of interest: The authors declare that they have no conflicts of interest related to the subject matter or materials discussed in this article.

Journal of Chinese Medical Association. (2019) 82: 745.

Received July 23, 2019; accepted July 23, 2019.

doi: 10.1097/JCMA.000000000000167.

Copyright © 2019, the Chinese Medical Association. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>)