Commentary of S.N. Danielyan to a published article

Article: Charyshkin A.L., Gumerov I.I., Yashkov M.V., Matveyeva L.V. A case of an unusual foreign body in the esophagus. *Journal of N.V. Sklifosovsky «Emergency Medical Care»*. 2019; 8 (3): 337-340. https://doi.org/10.23934/2223-9022-2019-8-3-337-340

The presented clinical observation is really unusual in terms of the nature of a large foreign body containing psychoactive substances and completely obstructing the esophagus. This situation poses a double threat to the patient's life, both in terms of rupture of the esophagus and absorption of psychoactive drugs into the blood as a result of damage to the pack when trying to remove it.

The authors faced serious difficulties in the diagnosis and treatment of this unusual patient. Fortunately, despite the development of complications, the patient survived thanks to intensive care. At the same time, attention should be paid to some aspects that indicate a non-standard approach on the part of the authors of the article in the diagnosis and treatment of patients with foreign bodies of the esophagus.

It is impossible to agree with the diagnostic algorithm, which involves the implementation of fibroesophagoscopy without prior radiopaque examination. The results of an X-ray examination would exclude damage to the esophagus that occurred upon admission, to obtain information about obstruction of the thoracic esophagus by a large foreign body, which is an indication for endoscopic surgery (rigid esophagoscopy) under general anesthesia. Attempts to extract large foreign bodies of the esophagus without general anesthesia and adequate muscle relaxation are fraught with the risk of instrumental esophageal ruptures.

The second question relates to indications for surgery and surgical access. The authors suspected a rupture of the esophagus on the basis of the sudden appearance of emphysema of the soft tissues of the neck and face and suggested, in addition to restoring patency, to eliminate the defect in the esophagus. Damage to the esophagus could occur as a result of an attempt to endoscopically eliminate obturation upon admission, or have a hydraulic etiology. In this case, a defect in the wall of the esophagus may not be located in the obstruction area and may not be accessible for surgical intervention. In the absence of direct signs of damage to the esophagus, the choice of surgical access is extremely unreasonable. The standard surgical access to the thoracic esophagus is right-sided thoracotomy, which allows a full revision to be performed. The anatomical location of the esophagus suggests obvious limitations and difficulties in adequate revision with left-side access.

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