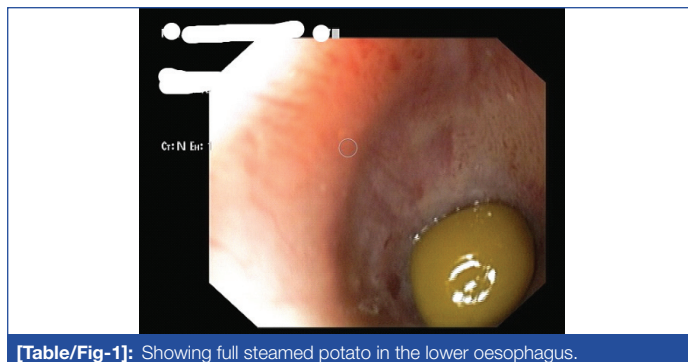


Steamed Whole Potato as an Oesophageal Foreign Body

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Dear Editor,

A 77-year-old, 75 kg male presented to the Emergency Outpatient Department (OPD) with difficulty swallowing since, the previous night. The symptoms began after consuming a meal consisting of Pooris and mashed steamed potatoes (a traditional South Indian recipe). The patient reported experiencing a sensation of obstruction and dysphagia since the previous night. There was no history of fever, cough, or any other underlying medical conditions. The patient had no previous history of oesophageal disease. Upon clinical examination, the patient appeared otherwise healthy with normal vital signs. No abnormal cardiorespiratory signs were observed, and there was no evidence of cranial nerve palsy. Significant drooling of saliva was noted, but no other abnormalities were observed during throat endoscopy. The patient underwent oral gastrointestinal endoscopy under local anaesthesia. During the procedure, a round yellow object obstructing the oesophagus was discovered [Table/Fig-1]. Attempts to grasp the foreign body with forceps were unsuccessful as it became crushed. It was determined that the foreign body was a whole potato, which was then crushed into pieces and pushed into the stomach [Video-1]. The procedure was successfully completed and explained to the patient. Follow-up was conducted through a telephonic conversation for a week, during which the patient remained completely asymptomatic.

**[Table/Fig-1]:** Showing full steamed potato in the lower oesophagus.

An array of objects, including food bolus (mostly meat), fish or chicken bones, prosthetic teeth, and coins, are among the most commonly ingested accidental oesophageal foreign bodies [1]. In the present case, the authors decided against interventional radiology due to concerns about potential barium aspiration and uncertainty regarding its use. Therefore, they proceeded with endoscopy. Since

the patient presented with drooling, the decision to proceed with endoscopy before considering radiological investigations was made. The types of objects consumed may vary across different regions and ethnicities. In southern China, fish bones are the most prevalent oesophageal foreign bodies. Given the patient's age of 77 years, the possibility of an additional luminal compromise caused by a potential malignant lesion was considered. However, no abnormalities were observed during endoscopy that warranted a biopsy.

Foreign bodies in the oesophagus can lead to complications such as perforation in certain cases, but this was not the case here since, the foreign body was a vegetable [2]. Typically, foreign bodies in the oesophagus are removed under local anaesthesia [3]. Some patients may require sedation, but in present case, the procedure was performed under local anaesthesia. In adults, the most common cause of oesophageal foreign body obstruction is a meat bolus impacted over an existing distal oesophageal ring, peptic or malignant oesophageal stricture, or eosinophilic oesophagitis [4]. Apart from the common coins and batteries, food impaction has been reported as foreign bodies in the oesophagus. These are usually crushed and removed. The occurrence of a complete obstruction caused by an organic, steamed whole potato without any pre-existing oesophageal disease is rare [5]. In present case, no evident disease in the oesophagus was observed. The present case is presented as the first reported instance of oesophageal obstruction caused by a steamed whole potato. Even in old age, foreign bodies should be suspected in cases of acute-onset dysphagia.

REFERENCES

- [1] Chang J, Zhao Z. China view of the management of esophageal foreign bodies. *Clin Surg.* 2016;1(1):1221.
- [2] Athanassiadi K, Gerazounis M, Metaxas E, Kalantzi N. Management of esophageal foreign bodies: A retrospective review of 400 cases. *European Journal of Cardio-Thoracic Surgery.* 2002;21(4):653-56. [https://doi.org/10.1016/S1010-7940\(02\)00032-5](https://doi.org/10.1016/S1010-7940(02)00032-5).
- [3] Wei W, Qiu HR, Wang HX, Xue FS. Anesthesia and airway managements for emergency removal of esophageal foreign body in a trisomy 21 patient with mental retardation and predicted difficult airway: A case report. *Medicine (Baltimore).* 2020;99(51):e23710. Doi: 10.1097/MD.00000000000023710.
- [4] Triadafilopoulos G, Roorda A, Akiyama J. Update on foreign bodies in the esophagus: Diagnosis and management. *CurrGastroenterol Rep.* 2013;15(4):317. Doi: 10.1007/s11894-013-0317-5.
- [5] Fung BM, Sweetser S, Wong Kee Song LM, Tabibian JH. Foreign object ingestion and esophageal food impaction: An update and review on endoscopic management. *World J Gastrointest Endosc.* 2019;11(3):174-92. Doi: 10.4253/wjge.v11.i3.174.

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