

Esophageal Food Impaction: An Atypical Case

Impactação Alimentar do Esófago: Um Caso Atípico

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<https://doi.org/10.48687/lj.238>

Keywords: Deglutition Disorders; Endoscopy, Digestive System; Esophagus/diagnosis

Palavras-chave: Distúrbios da Deglutição; Endoscopia do Sistema Digestivo; Esófago/diagnóstico

An 89-year-old man, smoker, and with mild cognitive impairment, was brought to the emergency room due to dysphagia in the last couple of weeks. Initially, he was unable to eat solids, but on the day of medical observation, he was also unable to ingest liquids. He complained of sialorrhea and was vomiting every time we tried to ingest anything. Upon physical examination, almost all his teeth were absent. The blood workup was unremarkable.

Thoracic computed tomography showed esophageal distension up to the lower esophageal sphincter without unequivocal local infiltrative lesion.

In esophagogastroduodenoscopy, esophageal obstruction due to food impaction was observed (Fig. 1). After endoscopic clearance, there were only signs of congestion of the distal esophageal mucosa (Fig. 2), with erosions due to prolonged impaction.

After the procedure, the patient remained asymptomatic, tolerated the diet, and was discharged with a proton pump inhibitor.

The endoscopic study is of high diagnostic importance in dysphagia,¹ as seen in this case, whose initial suspicion was of esophageal neoplasia.

Food impaction is mainly associated with structural esophageal disease,¹ but it can occur in other situations, such as impaired chewing, which is present in this case.

In dementia, dysphagia tends to progress slowly. There is often dyspraxia and choking or impaction may occur.^{2,3} Patients with cognitive impairment or dementia should be monitored during the meals,² by the caregiver, which must be instructed by the health professional, and have diets appropriately modified, to alleviate this problem.

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Figure 1. Food impaction on esophagogastroduodenoscopy.



Figure 2. Distal esophageal mucosa on esophagogastroduodenoscopy, showing signs of congestion and erosions due to prolonged impaction.

Prêmios e Apresentações prévias

Parte deste trabalho foi apresentado como poster num Congresso Nacional de Medicina Interna, organizado pela Sociedade Portuguesa de Medicina Interna.

Awards and Previous Presentations

Part of this work was presented as a poster at the National Congress of Internal Medicine, organised by the Portuguese Society of Internal Medicine.

Responsabilidades Éticas

Conflitos de Interesse: Os autores declaram a inexistência de conflitos de interesse na realização do presente trabalho.

Fontes de Financiamento: Não existiram fontes externas de financiamento para a realização deste artigo.

Confidencialidade dos Dados: Os autores declaram ter seguido os protocolos da sua instituição acerca da publicação dos dados de doentes.

Consentimento: Consentimento do doente para publicação obtido.

Proveniência e Revisão por Pares: Não comissionado; revisão externa por pares.

Ethical Disclosures

Conflicts of Interest: The authors have no conflicts of interest to declare.

Financing Support: This work has not received any contribution, grant or scholarship.

Confidentiality of Data: The authors declare that they have followed the protocols of their work center on the publication of data from patients.

Patient Consent: Consent for publication was obtained.

Provenance and Peer Review: Not commissioned; externally peer reviewed.

Contributorship Statement

CSA e MV: Drafting of the article

RF: Editing and critical reviewing of the article

All authors approved the final version

Declaração de Contribuição

CSA e MV: Redação do manuscrito

RF: Correção e revisão crítica do manuscrito

Todos os autores aprovaram a versão final.

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