

# Esophageal Food Impaction: An Atypical Case

## Impactação Alimentar do Esófago: Um Caso Atípico

Catarina Silva Araújo <sup>1\*</sup>, Martinha Vale <sup>1</sup>, Rosa Ferreira <sup>1</sup>

### \*Corresponding Author/Autor Correspondente

Catarina Silva Araújo [catarinaa17@hotmail.com]

ORCID: <https://orcid.org/0000-0001-8996-0785>

Hospital de Braga, Serviço de Medicina Interna, R. das Sete Fontes, 4710-243 Braga, Portugal

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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,<sup>1</sup> as seen in this case, whose initial suspicion was of esophageal neoplasia.

Food impaction is mainly associated with structural esophageal disease,<sup>1</sup> 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.<sup>2,3</sup> Patients with cognitive impairment or dementia should be monitored during the meals,<sup>2</sup> by the caregiver, which must be instructed by the health professional, and have diets appropriately modified, to alleviate this problem.

1. Serviço de Medicina Interna, Unidade Local de Saúde de Braga, Braga, Portugal



**Figure 1.** Food impaction on esophagogastroduodenoscopy.



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

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**CSA e MV:** Drafting of the article

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