

A young man with food bolus obstructions

PRESENTATION

A 24-year-old male, otherwise fit and healthy presented to A/E with an episode of food stuck in his chest while eating a meal in a restaurant. This happened suddenly and caused him immediate distress, requiring him to leave the table and to visit the bathroom to wretch and try and relieve the blockage. This was unsuccessful and after an hour of persistent distress his colleagues took him to the emergency department of the local hospital.

His medical history included only minor allergies of hay fever and mild allergic asthma. He had not previously attended a hospital but over the past 3 months he had had two previous episodes of food sticking which he had to relieve spontaneously. Medical examination revealed normal vital signs, significant psychological distress, and no signs of neck or chest disease. In particular he had no crepitus or surgical emphysema in the neck, and he had moderate chest pain which gradually settled.



A young man with food bolus obstructions

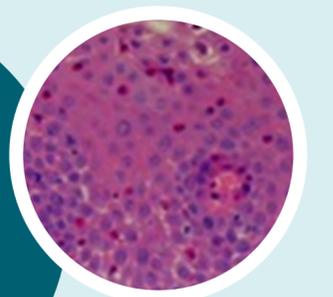
DIAGNOSIS

He was referred to the gastroenterology service as an emergency and admitted to hospital. On the next available endoscopy list, he underwent oesophagoscopy under effective sedation. The appearance of the proximal oesophagus showed some linear furrows, then at 28 cms there was a food bolus evident. This was removed by breaking it up using forceps and piecemeal removal. 6 biopsies were taken, two each from the lower, mid and upper oesophagus. These showed >50 eosinophils per high power field confirming Eosinophilic oesophagitis. Following diagnosis, he admitted that he had been having some symptoms of food sticking recently but had dismissed them.

Endoscopic appearance of EoE with linear furrows and a fibrous ring



Biopsies of the oesophagus showing >50 eosinophils per high power field



A young man with food bolus obstructions

TREATMENT

The patient was started on a topical steroid. After 6 weeks he described complete resolution of his symptoms of food sticking and no recurrence of food bolus obstruction. His medication was continued for a further 6 weeks when endoscopy showed normal oesophageal mucosa with a single fibrous ring at 28 cms. Biopsies, again 2 each from lower, mid and upper oesophagus were taken. These showed a maximum of <5 eosinophils per high power field. His topical steroid was continued for 6 months and he remains well.



A young man with food bolus obstructions

COMMENT

- The most common cause of food bolus obstruction is Eosinophilic oesophagitis (EoE)
- Oesophageal perforation can occur associated with Eosinophilic oesophagitis food bolus obstruction and is diagnosed by deteriorating chest pain, cervical surgical emphysema and confirmed by chest x-ray
- Food bolus obstruction persisting for a number of hours is an indication for urgent endoscopy and biopsies for EoE must be taken at the index endoscopy
- Topical steroids is highly effective at reducing symptoms, which may continue to improve over 12 weeks or more of continuous therapy.

Endoscopic appearance of EoE with linear furrows and a fibrous ring



Biopsies of the oesophagus showing >50 eosinophils per high power field

