

Swallowed table “Spoon”!

Sir,

A 14-year-old girl, not known to have any major medical illness, brought by her family to the emergency room in our hospital after she swallowed a table “Spoon” because of undiagnosed psychiatric disorder. She was brought to the resuscitation room directly as she was choking and gasping for air. She was conscious with no vomiting or hematemesis. As per her sister, she had attempted the same action 6 months ago, but she did not seek any medical advice. On examination, she was conscious, but anxious and irritable, vital signs showed tachycardia 120/min, O₂ saturation was 92%–95% on 2 L on facemask, respiratory rate was 35 breath/min. Oropharyngeal examination showed the rounded tip of the spoon could be visualized at the base of the tongue with transverse lie. Chest examination revealed good bilateral air entry, nasal flare, and no clear surgical emphysema. Chest X-ray showed a spoon

with the rounded bowl end looks superiorly supraglottic and the handle was seen in the esophagus without surgical emphysema [Figure 1]. The patient was shifted to the operation room immediately. Anesthesia was induced with 100 mg propofol intravenous followed by deep sevoflurane anesthesia while maintaining spontaneous breathing. Using the GlideScope, the tip of the rounded bowl end of the spoon was visualized and the surgeon with the help of the Magill forceps removed the spoon after gentle manipulation and rotating it to be perpendicular lie to avoid injuring the esophagus [Figure 2]. The tip of the spoon had minimal blood, so the decision was to intubate the trachea and perform an upper gastrointestinal endoscopy. The scope was advanced until the duodenum. No other foreign bodies or deep injuries were seen. Superficial erosions were noted at the level where the tip of the spoon was reaching. Minimal supraglottic edema was noticed. The

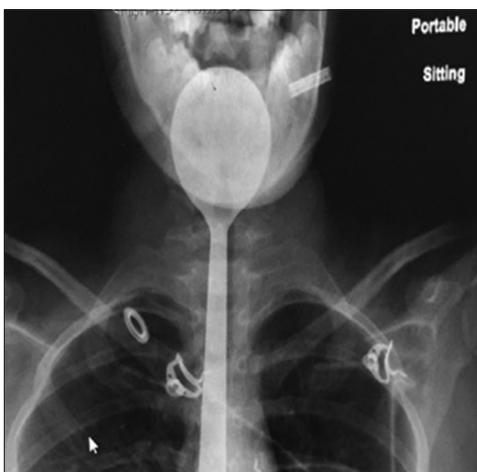


Figure 1: Ingested spoon



Figure 2: Spoon after removal

trachea was then extubated and the patient shifted to the recovery room with stable vital signs. In the literature, a swallowed table fork was reported which was successfully removed endoscopically without any further consequence.^[1,2] Our patient recovered without any further consequence and she was advised to undergo psychiatric consultation.

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Conflicts of interest

There are no conflicts of interest.

References

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2. Mevio E, Mevio N. Unusual esophageal foreign body: A table fork. *Case Rep Otolaryngol* 2013;2013:987504.

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**ABDELAZEEM ELDAWLATLY, TARIQ ALZHRANI,
SAMI ALNASSAR¹, WASEEM HAJJAR¹,
ABDULAZIZ ALMULHEM¹, AHMAD ALQATARI**
Department of Anesthesia, College of Medicine, King Saud
University, ¹Division of Thoracic Surgery, College of Medicine,
King Saud University, Riyadh, Saudi Arabia

Address for correspondence:

Prof. Abdelazeem Eldawlatly,
Professor of Anesthesia, College of Medicine, King Saud University,
Riyadh, Saudi Arabia.
E-mail: dawlatly@ksu.edu.sa

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