

Congenital oesophageal web in adults with a foreign body: a case report

Yetişkinlerde yabancı cisimle birlikte konjenital özofagiya veb: olgu sunumu

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Abstract

Congenital oesophageal webs are rare conditions. These lesions frequently occur in the upper region of the oesophagus and usually present with dysphagia during consumption of solid food. A case report of a patient, who was admitted to the emergency service due to a foreign body obstruction despite no pre-existing symptoms, is reported in the following text.

Key words: Oesophageal web, oesophageal stenosis, food impaction

Özet

Konjenital ösefagiya webler nadir görülen durumlardır. Bu lezyonlar sıklıkla özofagusun üst bölümünde görülürler ve genellikle katı gıdaların tüketilmesi sırasında yutma güçlüğüne neden olurlar. Bu olgu sunumunda daha önce semptomları olmayan, acil servise yabancı cisim obstrüksiyonu nedeni ile başvuran bir hasta rapor edildi.

Anahtar sözcükler: Ösefagiya veb, özofagiya darlık, gıda takılması

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Introduction

Congenital oesophageal webs are very rarely reported in the literature. The patients are usually recognized with dysphagia during solid food intake during childhood. Radiographic studies and oesophagoscopy may help establish the diagnosis. There are variations in management of these lesions. We present a case of congenital oesophageal web and discuss the presentation and management in these patients.

Case

A 16 year-old woman was admitted to the emergency service due to obstruction and dysphagia after eating chicken. Radiographies with no contrast substance were found to be normal and endoscopic evaluation was planned. Upon evaluation using an Olympus GIF XQ230 videoscope, a piece of chicken bone on the 2nd cms of the oesophagus and a web just below that were detected (Fig 1). While trying to remove the foreign body by means of forceps, a few lacerations occurred on the web, and the foreign body was seen to slide further down. On pathological examination of the biopsy materials, taken from the web region during the same session, mild chronic inflammation without eosinophils was detected. Further history taking of the patient revealed that the patient rarely suffered

from mild obstruction while consuming solid food. The web on the upper oesophagus was considered to be congenital as the patient had no anaemia due to iron deficiency, no reflux symptoms and the dermatological evaluation of the patient showed no abnormalities. As the dysphagia symptoms disappeared and the previous symptoms were minimal after the endoscopic intervention, additional dilatation therapy was not considered necessary and a decision of a follow-up procedure on the patient was made. The patient has been followed for 18 months and been asymptomatic.

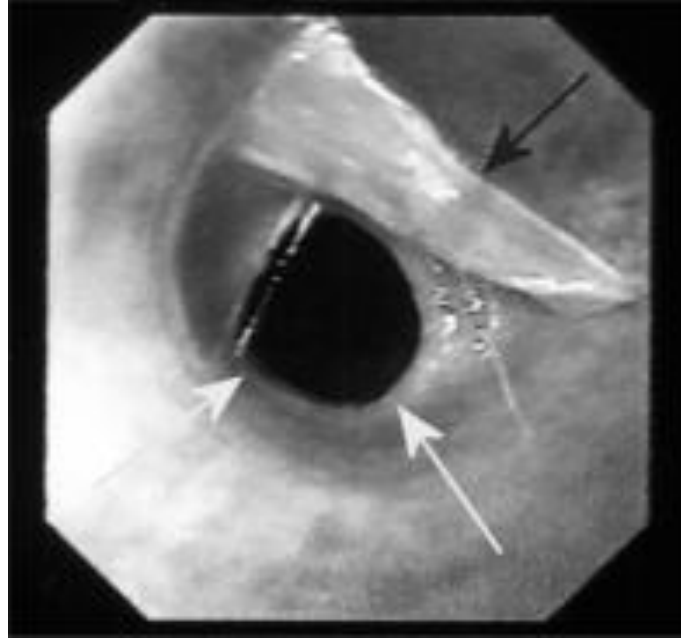


Figure 1. Foreign body (black arrow) and oesophageal web (white arrow).

Discussion

Congenital oesophageal webs are rarely mentioned in the literature however, one should bear in mind that these cases may present in adults as well [1-4]. When anaemia due to iron deficiency, skin disorders, reflux symptoms do not exist, and the histological evaluation does not reveal eosinophilia or ectopic tissues, one should consider that the condition might be congenital. In cases of congenital webs, pathogenesis is thought to be incomplete vacuolisation of columnar cells, which line the oesophagus during the early embryonic stage of development.

Usually, parents or caregivers do not recognize dysphagia until a solid or a semisolid diet is initiated [2,5]. Diagnosis is usually established via radiographic evaluations. Oesophagoscopy is also an important diagnostic method in order to confirm the diagnosis, and to rule out the additional pathologies. There are variations in management of these patients. Oesophageal webs, when symptomatic, may be treated via bouginage or dilatation. Other treatment options include biopsy forceps application and lysis by laser electrocautery [6]. Surgical intervention, such as longitudinal esophagomyotomy, is rarely required [7].

In conclusion, congenital oesophageal webs are uncommon anomalies in adults and food impaction is a frequent initial presentation.

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