

IMAGES

Esophageal bezoar

Patrice Forget, MD; Philippe Hantson, MD, PhD

Following severe head trauma, an 18-year-old man was sedated using propofol and remifentanyl and was put on mechanical ventilation. Enteral nutrition was initi-

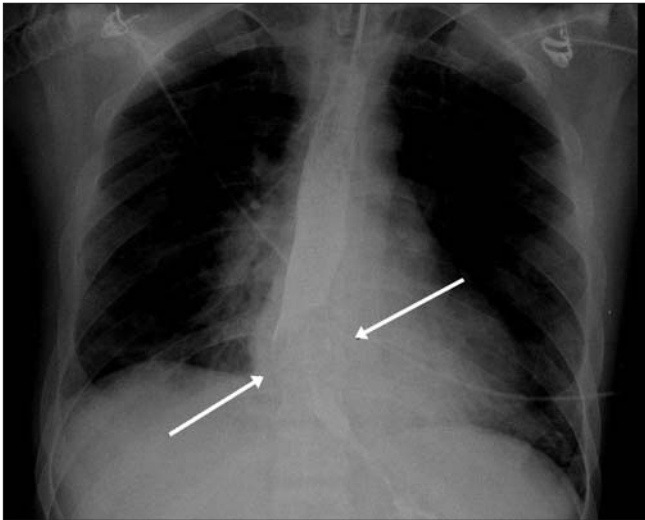


Fig. 1. Distal obstruction as demonstrated by esophageal opacification.

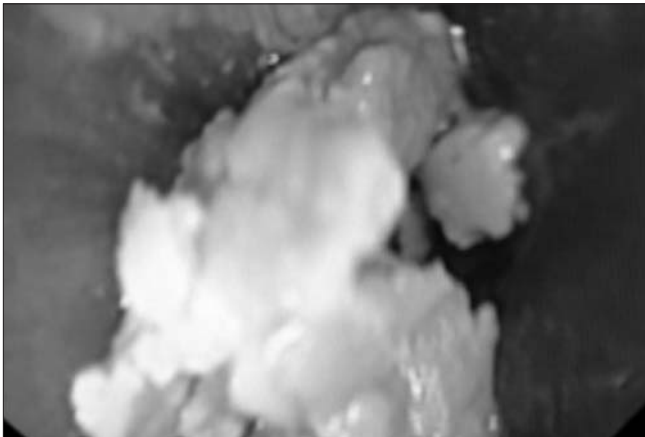


Fig. 2. Endoscopic feature of the esophageal mass.

ated soon after admission via a nasogastric tube. On day 23, a major regurgitation was noted. An obstructive mass in the lower part of the esophagus was suspected after a careful opacification (Fig. 1).

Fibreoptic esophagoscopy revealed a large, yellowish and firm mass obstructing the lower esophagus (Fig. 2) that was consistent with enteral nutrient accretion. After 2 difficult attempts, the bezoar was fragmented endoscopically. No other material was found in the stomach.

The occurrence of a bezoar in a normal esophagus is exceptional. Several factors can potentially contribute to such a condition in critically ill patients. Gastroparesis and gastroesophageal reflux are frequently seen following traumatic brain injury. Additional factors include the administration of gastro-protective medications (e.g., antacids or sucralfate) or medications that impair gastrointestinal motility (e.g., morphine).¹ Enteral nutrition, particularly if enriched in proteins, may also play a role, as occurred in this case.

Endoscopy is the mainstay of treatment for an esophageal bezoar. Pancreatic enzymes, or even Coca-Cola, have been proposed as agents that could dissolve large gastric or intestinal bezoars.²

Competing interests: None declared.

Keywords: enteral nutrition, bezoar

References

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Correspondence to: Dr. Philippe Hantson, Department of Intensive Care Medicine, Cliniques St-Luc, Université catholique de Louvain, Ave. Hippocrate, 10, 1200 Brussels, Belgium; philippe.hantson@uclouvain.be

From the Department of Intensive Care Medicine, Cliniques St-Luc, Université catholique de Louvain, Brussels, Belgium

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