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Successful Endoscopic Management of Simultaneous Airway and Esophageal Obstruction in an Elderly Patient

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Introduction

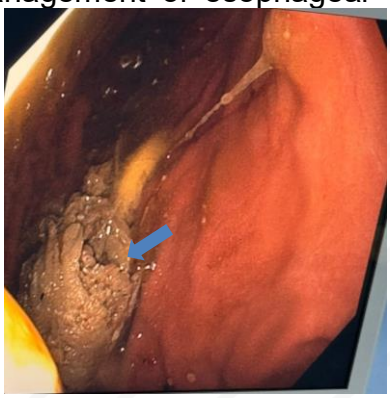
Choking or foreign body asphyxia commonly affects children but can also occur in the elderly, often due to dysphagia or challenging food textures. Airway or esophageal obstruction may lead to life-threatening complications, including respiratory distress, aspiration pneumonia, and esophageal injury. We report a case of successful endoscopic management of esophageal obstruction complicated with airway compromise.

Case Description

A 63-year-old man experienced acute choking and shortness of breath after eating meat, with persistent foreign body sensation in the throat. Partial relief was achieved with the Heimlich maneuver. On examination, he showed signs of upper airway compromise—facial congestion, hypersalivation, intermittent stridor, hoarseness, and tachypnea—with oxygen saturation of 92% on room air. Supplemental oxygen via nasal prong was provided. Lung auscultation was unremarkable, with no bronchospasm.

Intravenous dexamethasone and nebulized adrenaline were given to relieve airway edema. Bedside nasopharyngolaryngoscopy showed mild edema but no foreign body above the vocal cords. Point-of-care ultrasound (POCUS) of the airway and chest radiography ruled out intratracheal or bronchial obstruction.

Persistent hypersalivation in the absence of upper airway abnormalities raised suspicion of an esophageal obstruction. Urgent bedside esophagogastroduodenoscopy (OGDS) was performed following IV administration of glucagon, metoclopramide, and hyoscine butylbromide to relax the esophageal musculature. Endoscopy revealed a meat bolus impacted at the cricopharyngeal level with surrounding mucosal erosion. The obstruction was successfully dislodged using the push technique. The patient's symptoms resolved, and he was observed overnight before discharge in stable condition with outpatient follow-up.



Esophageal food impaction (meat) at the cricopharyngeal level

Discussion

This case demonstrates how esophageal foreign bodies can cause airway obstruction due to anatomical proximity and compression. Delayed diagnosis and management can lead to serious complications such as perforation or mediastinitis. It underscores the need for early recognition and multidisciplinary evaluation in suspected upper aerodigestive tract obstruction.

Conclusion

Choking may result in concurrent airway and esophageal obstruction, requiring urgent, coordinated intervention. Prompt recognition, appropriate imaging, and timely endoscopic management are essential to prevent respiratory failure and surgical complications.

Keywords

Choking, Esophageal foreign body, Airway obstruction, Endoscopic intervention

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