

Crispy but Costly: A Rare Case of Esophageal Perforation Following Fish Cracker Ingestion

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INTRODUCTION

Esophageal perforation is a rare but life-threatening condition that can lead to mediastinitis. Causes include trauma, foreign body ingestion, or medical procedures.

CASE DESCRIPTION

A 31-year-old man with diabetes and a history of smoking presented with a four-day history of worsening throat pain, dysphagia, and fever after consuming a fish cracker. Initial workup showed leukocytosis. He was discharged but later returned due to worsening dysphagia, bloating, and pooling of saliva.

Flexible nasoendoscopy revealed right vallecular swelling and arytenoid edema without airway obstruction. A contrast-enhanced CT scan of the neck showed esophageal dilation with air pockets and wall thickening, suggestive of esophagitis with posterior mediastinitis. He was admitted and started on broad-spectrum antibiotics.

An esophagogastroduodenoscopy (OGDS) confirmed two esophageal perforations at 15–20 cm from the incisors, and he was started on total parenteral nutrition. A repeat OGDS revealed an esophageal laceration at 30 cm with granulation tissue. A nasojejunal (NJ) tube was inserted for enteral feeding but was later dislodged. A repeat CT scan during admission showed resolution of esophageal dilation and mediastinitis. The patient improved clinically and was discharged on a soft diet. A subsequent OGDS post-discharge showed healing perforations, and a barium swallow test a month later which confirmed complete recovery.

DISCUSSION

Esophageal perforation is a medical emergency requiring prompt diagnosis and intervention. In this case, ingestion of sharp-edged food likely caused mucosal injury, leading to perforation and mediastinitis. Conservative management with NJ tube feeding and close monitoring proved effective, highlighting the role of individualized and multidisciplinary care.

CONCLUSION

This case emphasizes the importance of considering esophageal perforation in patients with persistent dysphagia and throat pain after consuming hard or sharp food. Early imaging, timely referral, and a multidisciplinary approach are crucial for optimal outcomes, with conservative management being a viable option in selected cases.

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