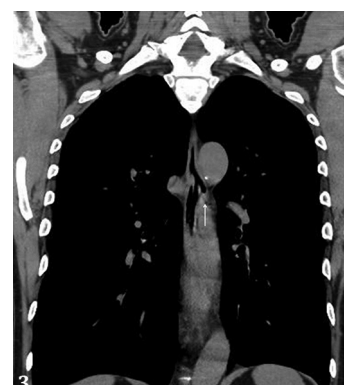
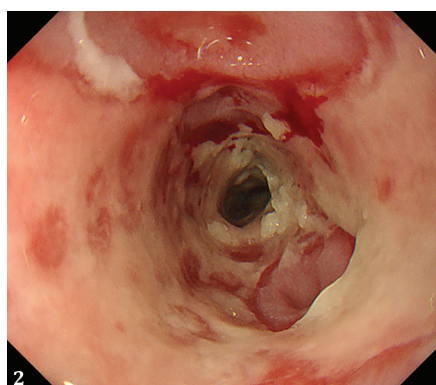


A Case of an Incidentally Identified Esophageal Perforation due to Food Impaction during a Screening Examination

Koichi Soga

Omiachiman Community Medical Center, Department of Gastroenterology, Tsuchida-cho, Omiachiman, Shiga, Japan



A 60-year-old Japanese male underwent esophago-gastroduodenoscopy (EGD) during a routine medical examination. Five days before the EGD, he swallowed rice crackers with peanuts (kaki-no-tane in Japanese) (Fig. 1) with beer without chewing. Subsequently, he had intense chest pain. However, 2 days before the EGD, his symptoms became less severe. The EGD revealed a very deep ulcer in the upper esophagus at the 3 o'clock position, and we suspected esophageal perforation (Fig. 2). Longitudinal ulcers were seen on the oral side with reflux changes, associated with difficulty in passing food (Supplementary file, Fig. 1a). A chest computed tomography showed mediastinal emphysema associated with esophageal perforation (Fig. 3). He was hospitalized urgently, placed on fasting, and treated with acid secretion inhibitor therapy. An EGD 3 days after admission showed improvement of the ulcer with granulation (Supplementary file, Fig. 1b); hence, he was discharged and treated as an outpatient. An EGD 6 months after admission showed further improvement of the ulcer; however, an esophageal stricture was observed (Supplementary file, Fig. 1c). Since the patient was asymptomatic, we followed-up with the patient without further treatment.

The most common complications of esophageal food impaction are related to prolonged food impaction that can lead to esophageal stasis, ulceration, and eventually necrosis

with perforation [1]. Esophageal food impaction is the third most common non-biliary emergency in gastroenterology, following upper and lower gastrointestinal bleeding, with an estimated annual incidence of 13 episodes per 100,000 person-years [2] and causing 1,500 deaths per year in the United States of America [3]. To the best of our knowledge, there have been no reports of esophageal disorders caused by kaki-no-tane.

Our patient presented with an incidental finding of esophageal perforation during a routine screening EGD after ingestion of kaki-no-tane, a hard snack with a relatively sharp tip.

Corresponding author: Koichi Soga, sogatti@koto.kpu-m.ac.jp

Conflicts of interest: None to declare.

REFERENCES

1. Schaefer TJ, Trocinski D. Esophageal Foreign Body. In: StatPearls. Treasure Island (FL): StatPearls Publishing; 2022.
2. Longstreth GF, Longstreth KJ, Yao JF. Esophageal food impaction: epidemiology and therapy. A retrospective, observational study. *Gastrointest Endosc* 2001;53:193-198. doi:[10.1067/mge.2001.112709](https://doi.org/10.1067/mge.2001.112709)
3. Schwartz GF, Polsky HS. Ingested foreign bodies of the gastrointestinal tract. *Am Surg* 1976;42:236-238.