Longstanding Esophageal Foreign Body Misdiagnosed as Croup

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INTRODUCTION
- More than 100,000 cases of foreign body (FB) ingestion are reported each year in the United States and 80% of cases occur in children.1
- Patients may be asymptomatic or have only transient symptoms at the time of ingestion.1,2
- We report the case of a 1 year old female with unrecognized esophageal FB after 6 weeks of ongoing stridor that was misdiagnosed as croup.

CASE DESCRIPTION
- 1 year old healthy female who initially presented to PCP’s office for intermittent stridor with crying.
- Patient was clinically diagnosed with croup, treated with steroids and humidified oxygen to improvement, and sent home.
- 5 weeks later, patient is brought back to PCP’s for persistence of stridor with crying.
- A soft tissue neck XR was obtained, interpreted as normal, and routine follow up with ENT was planned.
- 5 days later, patient is brought to the ED for worsening stridor over the past 48 hours and has not yet been evaluated by ENT.
- ED exam is notably for audible biphasic stridor that is loudest with inspiration.
- Decadron and nebulized epinephrine were administered and a 2-view chest XR was obtained showing subtle narrowing of the mediastinal trachea on lateral view (see figure)

CLINICAL COURSE
- Pediatric service was consulted recommending CT chest with IV contrast and admission.
- CT chest was remarkable for edema in the superior mediastinum centered around the esophagus as well as tracheal flattening above the carina with only 2 mm AP diameter (see figure)
- Patient was started on IV Zosyn and flexible bronchoscopy and esophagoscopy were performed.
- Visualization of the esophagus demonstrated a plastic piece with jagged edges seen at the upper esophagus with mucosal folds surrounding it.
- The trachea had mild inflammatory changes but was otherwise without injury.
- The FB was removed and the patient recovered completely.

FIGURES
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DISCUSSION
- Esophageal FBs occur most commonly in children aged 6 months to 3 years and tend to lodge in areas of physiologic narrowing, including the upper esophageal sphincter, level of the aortic arch, and the lower esophageal sphincter.1
- Patients may be asymptomatic, or may present with dysphagia, refusal to eat, wheezing, choking or stridor.1,2
- Longstanding esophageal FBs may lead to recurrent aspiration pneumonias and can damage the esophageal mucosa leading to strictures.1
- They may also erode through the esophageal wall creating a fistula with the trachea or other nearby structures.1

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