Abstract
This is a case report of a 7 year old male child who presented with an unusual foreign body, a glass marble in the upper esophagus. The child was a case of global developmental delay, seizure disorder, patent ductus arteriosus, congenital hydrocephalus with VP shunt in situ. The case was a challenging one to the entire team of surgeons, anesthesiologist and pediatricians. Under general anesthesia the foreign body was removed using a Foley's catheter. Spherical foreign bodies like glass marbles are always challenging as the usual instruments cannot grasp such foreign bodies and there is always a chance of pushing the foreign body downwards during the attempt to remove. In this case Foley’s catheter was used to retrieve the foreign body which is cheap, easily available and non-traumatic.

Clinical Case
A 7-year-old child presented with a history of ingestion of a marble foreign body since 1 day and complaints of difficulty in swallowing since 1 day. The child was a known case of global developmental delay, seizure disorder, also associated congenital hydrocephalus with VP shunt (done 2 years back) in situ and PDA. Unfortunately, the child had defaulted on antiepileptic’s from last 6 months and had multiple episodes of seizures since then. The child had seizure episodes even on the day of admission. Pediatric call for the short and long term management of the above-mentioned comorbidities were done. The child was stabilized and an X-ray chest AP view was done which showed a radiopaque shadow at DV1 and DV2 as showed in figure 1. The child was taken under GA under due risk due to associated comorbidities. A pediatric cricopharyngoscopy was used and the foreign body, marble was visualized just below the upper esophagus. The foreign body was maneuvered to create a space so as to negotiate a Foley’s 8 number catheter beyond the foreign body. Foley’s catheter was introduced taking care not to displace the foreign body downwards into the lower esophagus. Once the region of bulb of Foley’s crossed...
beyond the foreign body it was inflated with 5 cc 
air and pulled. Foreign body was removed into as 
shown in figure 2. Check scopy revealed no bleeding 
or trauma. The child was extubated immediately 
following the procedure and post op period was 
uneventful. Child was discharged on post op day 3.

Discussion

Though swallowing foreign bodies more commonly 
occurs between age group of 6 months to 3 years [3], 
the child that presented to us was a 7 year old, with 
global developmental delay. The common foreign 
bodies in esophagus are coins, pins, toys, nuts, meat 
bolus, and seeds [4]. They usually present with a 
positive history of ingestion, dysphagia, odynophagia, 
and diffuse chest pain or chest pressure. However, 
in children the history may be vague and initial 
symptoms poor. Foreign body can lie close to one of 
the 3 oesophageal anatomical constrictions –
cricopharynx, aortic narrowing, oesophageal gastric 
junction [5]. In our case it was located in the upper 
esophagus. To confirm the diagnosis radiological 
assessment is necessary especially to identify the 
location. In our case we confirmed it with help 
of chest x-ray AP view. If radiography is negative 
then endoscopy can be preferred. Use of CT scan 
is indicated if a foreign body such as a fish bone is 
suspected or to r/o damage to nearby structures [6]. 
Treatment of choice for oesophageal foreign bodies 
depends on the age of the patient, general condition, 
type, size, shape and total number of foreign bodies 
[7]. Though endoscopy has been reported to have 
a success rate of 83% in oesophageal foreign body 
extraction [7] we used rigid scopy under general 
anesthesia for our case. Foreign bodies like marble 
are very tricky to handle due to spherical, non- 
graspable nature. Here we used a foley’s catheter 
which is cheap, easily available and non-traumatic to 
remove the foreign body. This method can be used 
for most spherical, non-graspable foreign body.

Conclusion

A rare foreign body in upper esophagus of a 
glass marble in a 7 year old male child with 
global developmental delay and other multiple 
comorbidities is reported. Such are the cases of child 
neglect. The need of active supervision of children 
while they are playing, eating, interacting with 
objects which are not appropriate for their age has 
to be stressed upon. Rigid scopy remains the main 
stay for management of such cases. The technique 
varies depending on the type, shape, size, location 
and number of foreign bodies.

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