

Fecal Impaction with a Twist: A Unique Case of Esophageal Inlet Obstruction

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Case Study

49 year-old autistic male with history of pica presented from a nursing home with sialorrhea and regurgitation of liquids. The patient was intubated and upper endoscopic evaluation revealed impacted stool at the esophageal inlet (Figure 1). Multiple attempts to remove the stool were made with a net, a four prong-grasping device and rat tooth forceps. However, these were not successful, likely due to hard, impacted stool in the narrow esophageal inlet. Eventually, a biliary stone extraction balloon was used to break up the feces, and a nasogastric tube was placed into the stool and flushed with water. The stool then successfully passed into the stomach (Figure 2). The patient tolerated a general diet and was discharged to the nursing home in good condition. A follow-up Esophagogastroduodenoscopy performed six weeks later showed normal appearing esophagus with normal mucosa. Coprophagia is commonly regarded as a form of pica [1] and is most often reported in individuals with mental retardation, dementia or severe psychiatric illness. Behavioral modification is considered first line therapy especially in individuals with limited cognitive ability [2]. Other treatments include supportive psychotherapy, elemental diets, medication, and in severe cases, electroconvulsive therapy [1].

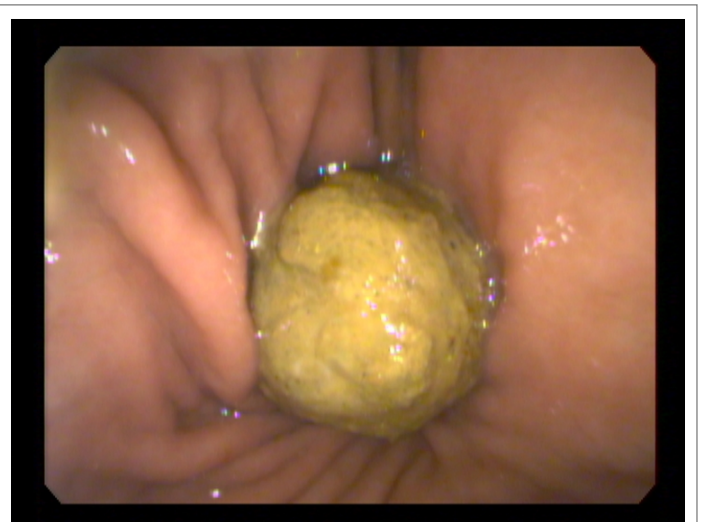


Figure 2: Retroflexed view of dislodged stool

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References

1. Beck AD, Frohberg NR (2005) Coprophagia in an elderly man: Case report and review of literature. *Intl J Psychiatry Int Medicine* 35: 417-427.
2. Sharma TR, Kavuru B, Aly M (2011) Coprophagia and pica in individuals with mild to moderate dementia and mixed (iron deficiency and macrocytic) anemia. *J Am Geriatr Soc* 59: 2375-2377.



Figure 1: Impacted stool at esophageal inlet