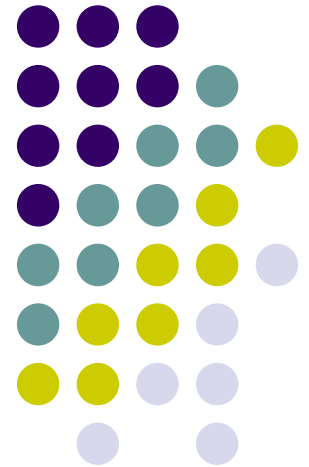


# Corps étrangers intra- œsophagiens

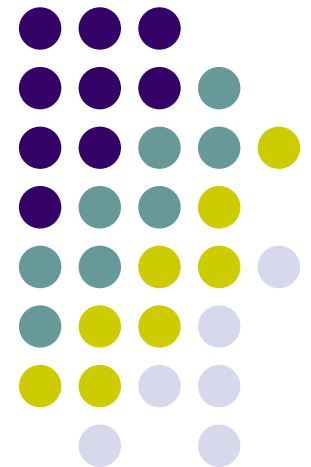
*Observation et commentaires*

*S. Dileon **CHU Brest***

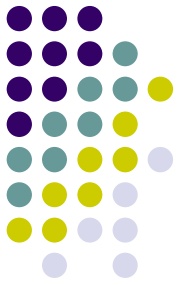


# Observation

Mr A., 47 ans



# ATCD



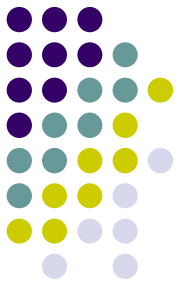
- **Épilepsie**
- **OH chronique**

**TTT** : Valium 1/2 X 2 / J

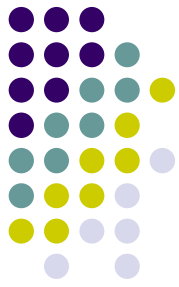
# HDM



- Le 19/05/2007: Cs aux Urgences de LANNION (22).
- Douleurs retrosternales, hypersialorrhée, apyrexie.
- RX...



# Prise en charge initiale



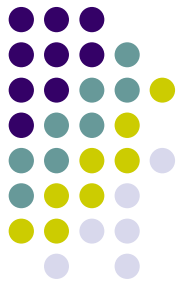
1ère Tentative extraction / Gastro-entérologues

ECHEC

2ème Tentative extraction / ORL ss AG

ECHEC

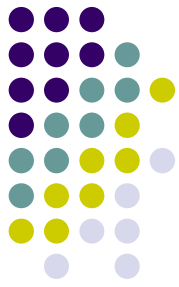
*Transfert CHU Brest*



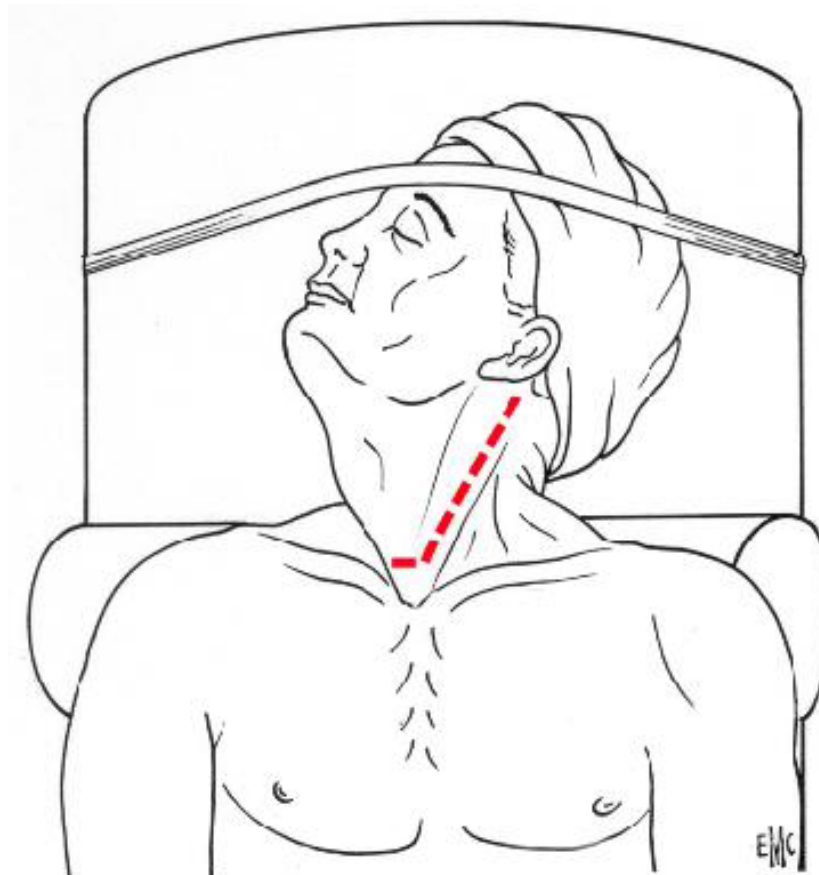
3ème Tentative extraction / gastro-entérologues

ECHEC

**CHIRURGIE**

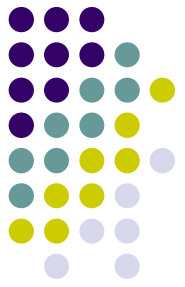


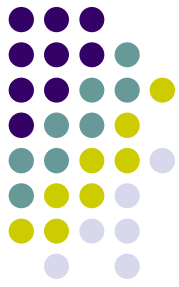
- Cervicotomie Gauche:





- Exploration: œdème +++, Palpation CE sous la bouche de Killian
- Ouverture longitudinale de l'oesophage
- Extraction du CE



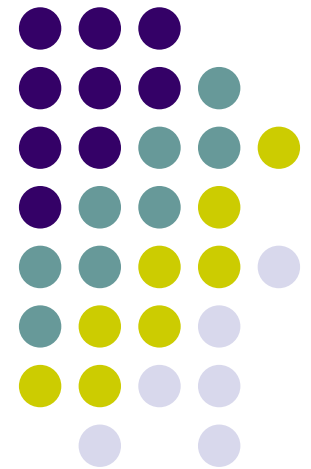


- Pose SNG
- Suture: Points totaux séparés
- Drainage: Delbet

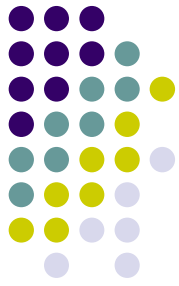


# Commentaires

---



# Terrain



- **Enfant** : +++  
Pic entre 6 mois et 3 ans.

- **Adulte** : + rare

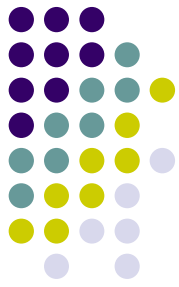
Terrain particulier: *OH, Psychotiques, age avancé, ATCD pathologie oesophagienne.*

*\*Panieri E, Bass DH .The management of ingested foreign bodies in children: a review of 663 cases.*

*Eur J Emerg Med 1995; 2 : 83-87*

*\*Dumonceaux A, Michaud L, Bonnevalle M . Trichobézoards chez l'enfant et l'adolescent.*

*Arch Pédiatr 1998 ; 5 : 996-999*



# Nature du CE

adulte

Arête/os: 60%

**Prothèse dentaire: 4%**

Conglomérats alimentaires: 26%

Autres: « body bagger syndrome »...

enfant

Pièces +++ 50 à 87% des cas

Pile « bouton »

Jouets

\*Willsher PC, Clarke CP, Daniel FJ. Dentures: difficult oesophageal foreign bodies.

*Aust N Z J Surg* 1993 ; 63 : 736-738

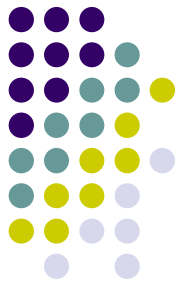
\*Darrozo DH, Holinger LD. Aerodigestive tract foreign bodies in the older child and adolescent.

*Ann Otol Rhinol Laryngol* 1996 ; 105 : 267-271

\*Bhatia PL. Hypopharyngeal and oesophageal foreign bodies.

*East Afr Med J* 1989 ; 66 : 804-811

# Sites de blocage

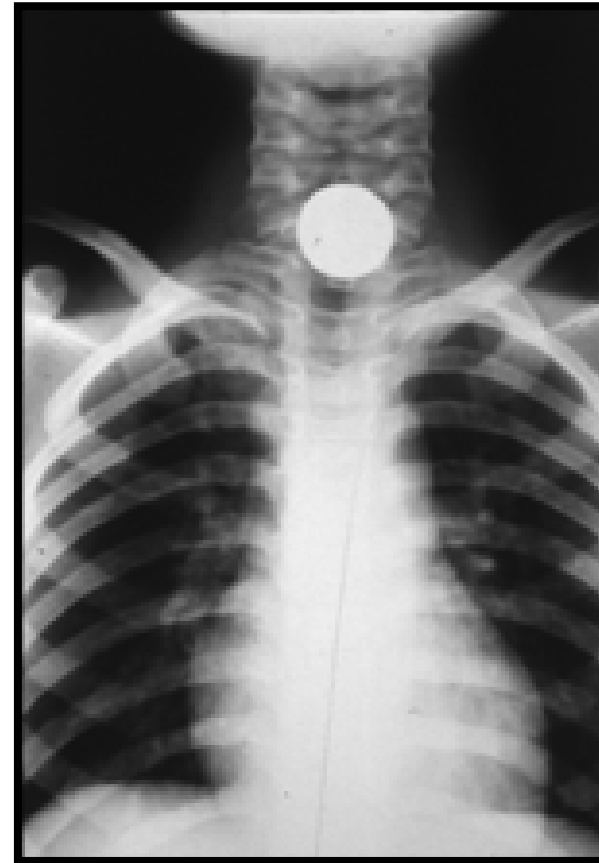


- **OEsophage:**

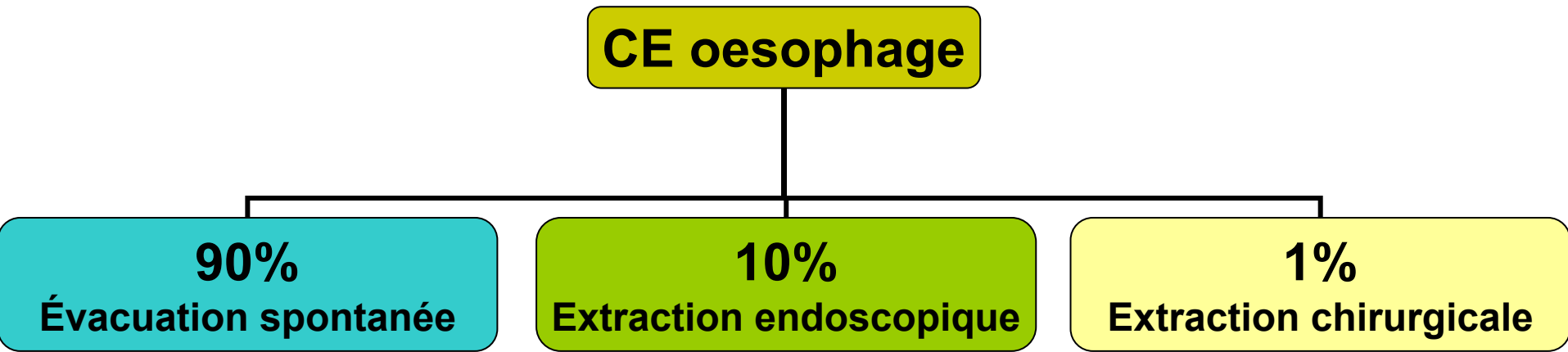
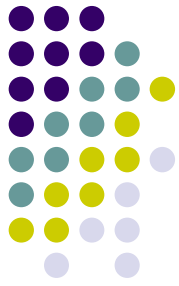
- 1/3 Sup : **bouche oesophage+++**
- 1/3 moy: Empreinte aortique
- 1/3 Inf : SIO

- **Diagnostic :**

Clinique, Rx standard, TDM, TOGD?



# PEC: Prise en charge



*\*Crystale WS, Sendi KS, Yoo J oesophageal foreign bodies in children.*

*Ann Otol Rhinol Laryngol 1991; 100: 320-324*

*\*Nashef SA, Klein C, Martigne C et al. Foreign body perforation of the normal oesophagus.*

*Eur J Cardio vasc Surg 1992; 6: 565-567*

# PEC CE œsophage cervical: l'extraction



- **Extraction non chirurgicale**

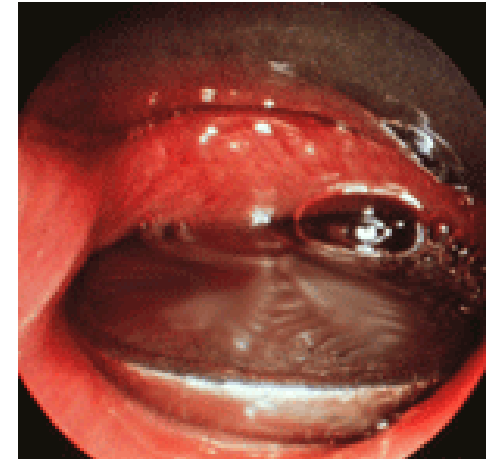
- ▶ **Endoscopique +++ (98% de réussite)**

- *Oesophagoscopie (rigide)*

- AG, extraction « protégée »*

- *Fibroscopie (souple)*

- Pas d'AG, moins coûteuse, exploration complète*



- ▶ **Autres méthodes:** *Radiologique (cathéter de Foley), Bougirage, Médical (Glucagon)*



## ● Extraction chirurgicale:

- Abord direct: cervicotomie Gauche
- Incision longitudinale, Extraction, Suture
- +/- Lambeau (SCM, Grd pectoral)
- Drainage

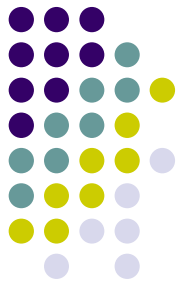
\* *Brinster C.J., Singhal S., Lee L et al. Evolving options in the management of esophageal perforation  
Ann. Thorac. Surg. 2004 ; 77 : 1475-1483*

\* *Webb WA Management of foreign bodies of the upper gastrointestinal tract.  
Gastroenterology 1988 ; 94 :204-216*

\* *Nandy P, Ong JB Foreign bodies in the oesophagus: review of 2394 cases.  
Br J Surg 1978; 65: 5-9*

# PEC CE œsophage cervical: la perforation

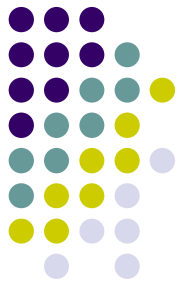
*CE= 16 % des perforations oesophagiennes*



- **Ttt non chirurgical:**

*Indications:*

- perforation transmurale bien circonscrite,
- Diagnostic précoce ou très tardif;
- TOGD: passage du PC préférentiellement dans la lumière oesophagienne,
- Pas d'obstacle sous jacent
- Signes minimes de sepsis
- Amélioration rapide



## Modalités:

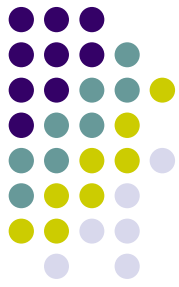
A Jeun, SNG ss contrôle Rx, ATB, Réanimation,  
alimentation parentérale, contrôle TOGD à J7

*\* Altorjay Aacute;, Kiss J, Vörös A, Bohák Aacute; Nonoperative management of esophageal perforations.*

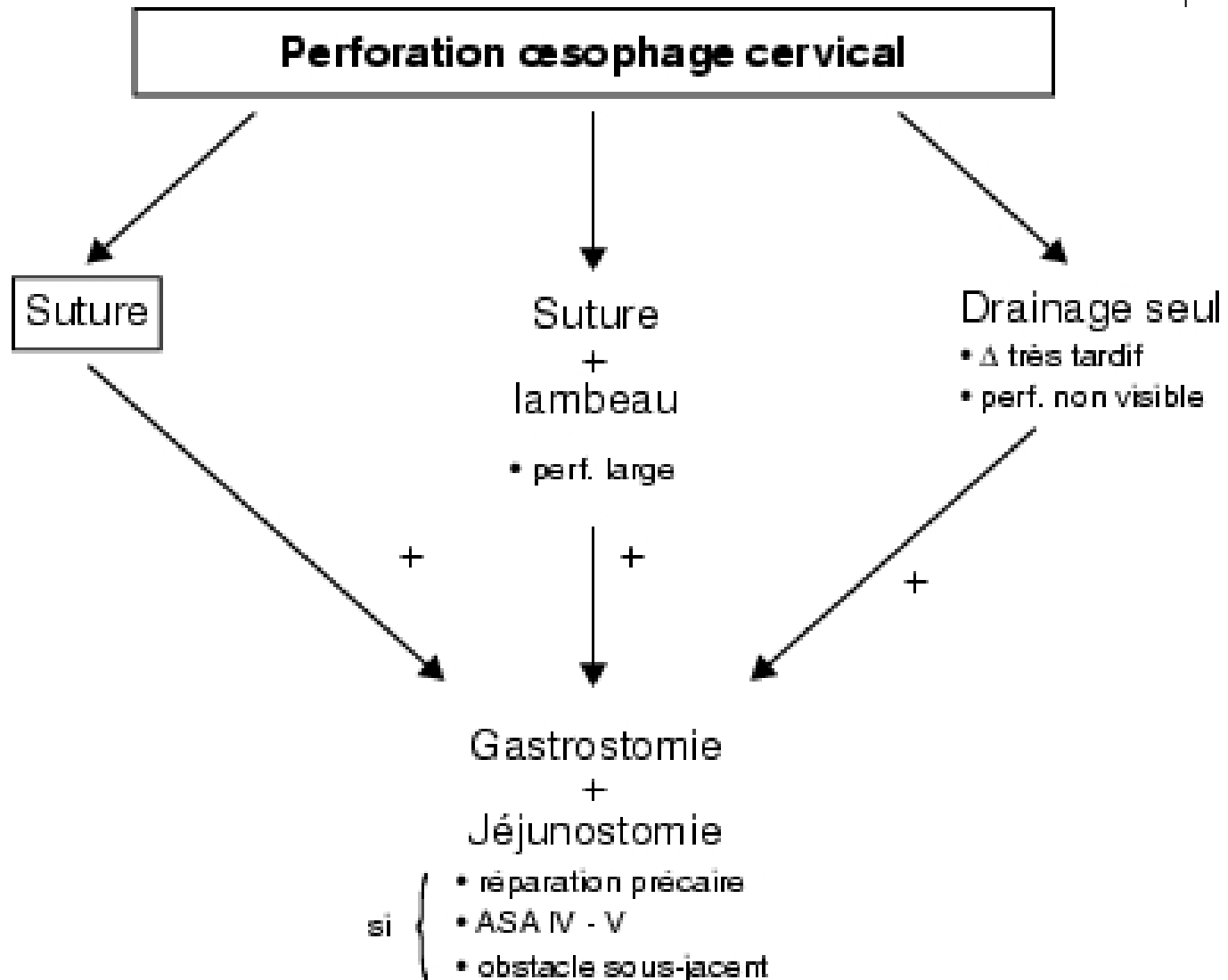
*Ann Surg 1997 ; 225 : 415-421*

*\* Shaffer HA, Valenzuela G, Mittal RK Esophageal perforation. A Reassessment of the criteria for choosing medical or surgical therapy.*

*Arch Intern Med 1992 ; 152 : 757-761*



## ● Traitement chirurgical:





***Merci de votre attention!***

