

## Images in Surgery

# EMERGENCY PRONE THORACOSCOPY: AN OPTION FOR THE TREATMENT OF ESOPHAGEAL PERFORATION DUE TO A FOREIGN BODY

## TORACOSCOPIA EN PRONO URGENTE: UNA OPCIÓN PARA EL TRATAMIENTO DE LA PERFORACIÓN ESOFÁGICA POR CUERPO EXTRAÑO

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A 53-year-old man accidentally swallows a dental prosthesis that becomes stuck in the esophagus, causing odynophagia and dysphagia. After several

failed attempts at endoscopic removal, a CT scan shows esophageal perforation with paraesophageal collection (Fig.1).

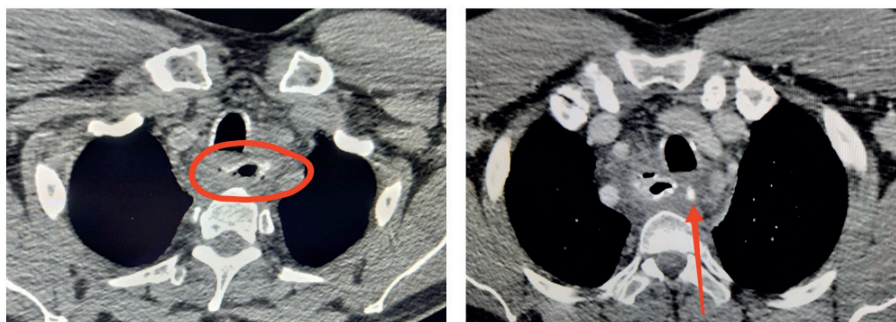


Figure 1. CT with IV and oral contrast. A: Esophageal foreign body. B: Extravasation of oral contrast suggesting esophageal perforation.

Urgent prone thoracoscopy is performed with removal of the prosthesis, closure of the esophageal defect, esophageal exclusion and jejunostomy (Fig.2).

The postoperative period progresses favorably and he is discharged after 18 days. Three months later, a scar stenosis is managed by endoscopic dilation, with follow-up without complications at 21 months (Fig.3).



Figure 2. Foreign body



Figure 3. Esophagogastric-duodenal transit at 16 months after surgery.

Foreign bodies in the esophagus, although more common in children, also occur in adults, especially those with teeth or spines (1). Symptoms vary depending on their location and complications, with early diagnosis being crucial. In complex cases, CT with contrast is key (1,2). Initial treatment is usually endoscopic, but if it fails, as in this case with esophageal perforation, surgery is required (3). Prone thoracoscopy, with minimally invasive management, offers good results in expert hands, minimizing complications and preserving the esophagus when viable.

### Author's Statements

- Informed consent statement was obtained from the patient involved in the report.
- Conflict of interest: the authors declare no conflict of interest.
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