

REPORT OF THREE CASES OF REMOVAL OF COINS
FROM THE ESOPHAGUS OF INFANTS
BY A SIMPLE PROCEDURE.

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In view of the very tender age of the patients, the similarity of the cases, the almost universal existence of the one necessary instrument and, most important of all, the ease of the procedure, I feel that it may not be uninteresting to report the extraction of a coin from the esophagus in the cases of three infants. In recommending a procedure based on the success of only three cases, I realize that my position is not a strong one, but the gravity of the condition, its common occurrence and the frequent lack of the proper instruments for esophagoscopy with the requisite skill for its successful employment, gives me courage to report a procedure which, on account of its simplicity, is within reach of every surgeon who may be called upon to meet this troublesome emergency.

CASE I.—On July 12, 1906, A. W., a colored male about 18 months, was brought to me by its family physician with a history of regurgitation of food and difficulty in swallowing for several days. The patient was somewhat fretful but otherwise presented no serious symptoms. Feeling confident that the child had some foreign body in the esophagus, resort was had to the X-ray and a coin shaped body was located in the esophagus lying laterally and situated well down near the stomach. The patient was taken to the hospital and chloroform administered. With the child lying on its back and its head extended over the end of the table, I passed several different kinds of esophageal forceps and succeeded in touching the foreign body, but failed to grasp it after many trials. Fearing to continue too long this manipulation and failing to extract the coin, I decided to attempt to push it on to the

stomach, believing that nature would be more successful in delivering it in the downward direction than I had been from above. To this end I introduced an olive pointed flexible esophageal bougie. I could feel it touch the top rim of the coin, hold momentarily and then slip by it; but when I attempted to pull it back to the top again, I found that it required some effort to withdraw it. Realizing that the olive point was beyond the coin and that the resistance to the withdrawal of the instrument could only be due to its having engaged the lower edge of the coin, I pulled very steadily to prevent its losing its scant hold; at the same time stopping the anesthesia to allow the reflex to assist by contracting the tube. The gradual steady pull resulted in the extraction of a penny. There was no bloody mucus or other evidences of trauma and recovery was uneventful.

CASE II occurred in the practice of a colleague, who asked me to bring over any instruments I might have for extracting foreign bodies from the esophagus. The infant, a white male child, aged 10 months, presented the history of having had a penny in the throat for six days. Swallowing was difficult and most of its food regurgitated. The baby notwithstanding this showed no other serious symptoms. A skiagraph showed the coin situated about two inches below the larynx, lying laterally in the esophagus. Ether was administered and with the baby on its back and head extended over the table, each of the three of us present took a turn at the removal of the coin with forceps and the flexible bougie I had used in case No. 1, but with no result. In casting about for some other means I noticed a conical urethral bougie with a long wire-like handle, and it occurred to me that it might be successful; so I asked and received permission to try it. Passing the forefinger of my left hand down over the epiglottis and pushing forward the larynx, I passed the bougie held in my right hand along the finger as a guide and had no difficulty in forcing the conical end by the cricoid into the esophagus. The instrument passed beyond the coin without difficulty and I could feel the lower edge of the coin click into place over the proximal end of the cone. A steady pull delivered the coin without difficulty and with only a slightly bloody tinged mucus. The recovery was uneventful.

CASE III occurred in the practice of Dr. E. A. Land, by whose permission I report it.

A. B., a colored infant, male, about 10 months old, swallowed a five cent piece three days before being brought in for treatment. Symptoms—regurgitation of food; great difficulty in swallowing. It was observed that there was also considerable rigidity of the right sternomastoid muscle. A skiagraph showed the coin located in the esophagus about the level of the cricoid cartilage and lying in the horizontal plane. Having heard of the success of the bougie in case No. 2, the surgeon sent to a colleague for an instrument of this kind and made an attempt to use it without anesthesia; but owing to the rigidity of the muscles, and, I think, also to the position of the coin just behind the larynx, he did not succeed in passing it beyond the coin, although he could touch it. The child was then subjected to chloroform anesthesia and placed on its back with the head extended over the end of the table and a smaller bougie was tried. This passed easily and engaged the coin without difficulty. Considerable traction was required to extract the coin in this case, but it was accomplished without injury as in the other cases.

Admitting that esophagoscopy and modern forceps coupled with the requisite skill in their use, would be the better method in most cases of extraction of foreign bodies from the esophagus. I believe in cases of the nature of these just reported, that no method offers better chances of success and certainly this means leaves nothing to be desired in its simplicity.