

Endoscopy is the method of choice for evaluating and managing most foreign bodies in the gastrointestinal tract, with a success rate of more than 95% [1]. Foreign-body removal is carried out with various types of retrieval equipment. We report here a rare case of foreign-body removal in which a band ligation device was retrieved from the esophagus using a simple technique.

A 30-year-old man with a known case of portal hypertension (noncirrhotic portal fibrosis) and a history of upper gastrointestinal bleeding was referred to our department for upper gastrointestinal endoscopy. The examination was carried out with a video gastroduodenoscope (Olympus V-Scope TJF-160VF, Olympus Medical Systems, Tokyo, Japan), which showed large esophageal varices (two grade 4 and two grade 3 varices). Endoscopic variceal ligation was carried out with a multiple-band ligator (OmniView, Medelec Systems, New Delhi, India), and six bands were applied. While the endoscope was being withdrawn from the esophagus, the ligating device (25 mm long and 12 mm in diameter) slipped off the scope and remained in the esophagus. A new method was used to remove it. A 12-mm balloon dilation catheter (Max-Force TTS, Boston Scientific Corporation, Massachusetts, USA) was placed inside the ligating device and the balloon was inflated until it was holding the ligating

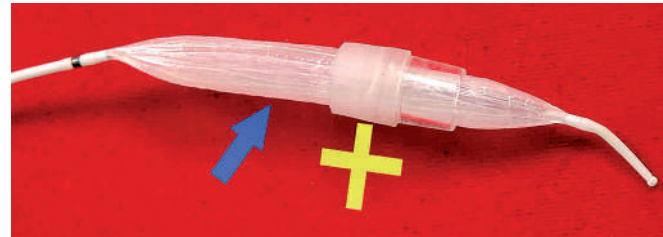


Figure 1 The technique used to remove the band ligating device: The band ligating device (+) is being held tightly on the inflated balloon (arrow).

device tightly. The scope was then gradually withdrawn with the balloon catheter and ligating device (Figure 1).

Blunt foreign bodies in the esophagus require prompt removal, which is usually done with special forceps or by advancing the object into the stomach and retrieving it with a Roth net or Dormia-type retrieval basket [2]. In this case, forceps retrieval was not done due to the presence of large varices and the risk of bleeding. Nor was it possible to push the ligating device into the stomach, as the varices had been ligated and were partly occluding the lumen. A ligating device (or endoscopic mucosal resection cap) can also be retrieved using an endoscopic retrograde cholangiopancreatography (ERCP) stone extraction balloon, and the device can be loaded onto the endoscope tip again. This is a safe and effective technique for removing a ligating device from the esophagus.

Endoscopy_UCTN_Code_CPL_1AH_2AC

R. K. Pokharna, K. S. Saini

Dept. of Gastroenterology, S.P. Medical College, Bikaner, India.

References

- Chaves DM, Ishioka S, Felix VN et al. Removal of a foreign body from the upper gastrointestinal tract with a flexible endoscope: a prospective study. *Endoscopy* 2004; 36: 887–892
- Pfau PR, Ginsberg GG. Foreign bodies and bezoars. In: Feldman M, Friedman LS, Sleisenger MH (eds). *Sleisenger and Fordtran's gastrointestinal and liver disease: pathophysiology, diagnosis, management*, 7th ed. Philadelphia: Saunders 2002: 392

Corresponding author

R. K. Pokharna, M.D.

III/8, Medical College Campus
Nagnechiji Road
Bikaner 334003
Rajasthan
India

Fax: +91-1512549296

E-mail: rkpokharna2@rediffmail.com