



AB195. Management of esophageal food bolus obstruction at a university teaching hospital—a retrospective analysis

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Background: Despite the fact that esophageal food bolus obstruction is a common surgical problem, there are no clear guidelines on its management. One medical treatment with buscopan and glucagon is mostly in-effective, 2 thus requiring a therapeutic oesophago-gastro-duodenoscopy (OGD).

Methods: All consecutive cases of food bolus obstructions (FBO) presenting to the Emergency Department (ED), Cork University Hospital for a 18 month period between 01/01/2018 and 30/06/2019 were retrospectively reviewed.

Results: A total of 30 patients were admitted with food

bolus obstruction via ED (1.67 per month). Females (67%) constituted most of these patients. Average age was 55 with range of 19-83. 84% of patients presented with Dysphagia, while odynophagia (10%) and chest pain (6%) were other presenting symptoms. Average duration of symptoms was 17 hours (range, 2–48 hours). 44% of patients had OGD done under sedation while others (56%) had under general anaesthesia (GA). In 70% of cases, food bolus was pushed into stomach, while it was retrieved out in 20%. In 10%, it had already spontaneously passed in stomach on OGD. The etiology of FBO was inflammatory in 60% cases, while an esophageal stricture was seen in 10% only. In 30% cases no cause of FBO was identified. Post-OGD length of stay was on average 1.15 days (range, 12 hours–7 days). 2 patients had aspiration pneumonia prolonging their hospital stay, there was no esophageal perforation or mortality.

Conclusions: Esophageal food bolus obstruction is a common surgical problem, OGD under GA is a safe recommended procedure, which often picks up an underlying pathology.

Keywords: Dysphagia; food bolus obstruction; oesophago-gastro-duodenoscopy (OGD)

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