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Pill Packet Predicament: Dysphagia as a Complication of Blister Pack Ingestion

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ABSTRACT

Foreign body ingestion is a common indication for urgent endoscopy, most often seen in children and elderly individuals. Accidental ingestion of medication blister packs is rare but potentially hazardous due to their rigid structure. We report a case of a 47-year-old woman who presented with a six-hour history of sudden-onset dysphagia and odynophagia. A chest radiograph was unremarkable. Emergent esophagogastroduodenoscopy revealed a whole tablet still encased in its silver blister packaging lodged in the mid-esophagus, with associated mucosal erythema and ulceration. Retrieval with biopsy forceps was unsuccessful, and the foreign body was successfully removed using a Dormia basket. The patient experienced immediate symptom relief and had complete resolution on follow-up with conservative medical management. This case highlights blister pack ingestion as an uncommon but important cause of acute dysphagia in adults and emphasizes the role of timely endoscopic intervention.

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Highlights

1. Blister pack ingestion is a rare but dangerous cause of acute esophageal obstruction in adults.
2. Normal radiography does not exclude esophageal foreign bodies, particularly non-radiopaque materials.
3. Dormia basket retrieval may be effective when standard forceps fail for rigid, irregular objects.
4. Early endoscopic intervention leads to rapid symptom resolution and prevents complications.
5. Clinicians should maintain a high index of suspicion for packaging ingestion in sudden-onset dysphagia.

Introduction

Foreign body ingestion constitutes approximately 4% of urgent endoscopies performed [1]. It is not a rare occurrence, and many cases are seen in clinical practice. Foreign body ingestion poses a potentially life-threatening risk, particularly among children and the elderly [2,3]. Additional high-risk groups include individuals with psychiatric conditions, a history of suicide attempts, alcoholism, prisoners, substance

abuse, and certain professions such as carpentry [2,3]. While most ingested foreign bodies pass through the gastrointestinal tract without incident, some can cause serious complications such as perforation or obstruction, and up to 20% of cases require endoscopic intervention [3,4]. Therefore, foreign body ingestions should always be promptly managed with an approach tailored to the specific case [5].

While encountering cases of foreign body ingestion is routine in the emergency department, today we spotlight a unique instance: the ingestion of a silver blister pack by a middle-aged woman.

Case Presentation

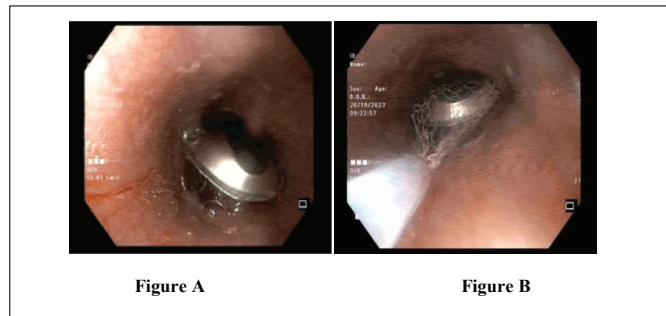
A 47-year-old female with a medical history of hypertension and diabetes presented to the emergency department with a six-hour history of sudden-onset dysphagia. She reported being in her usual state of health until the onset of symptoms, which included difficulty swallowing both solids and liquids, along with significant pain when attempting to swallow soft food. While she had previously experienced occasional heartburn and regurgitation, these particular symptoms were new and unfamiliar. She denied weight loss or other concerning red-flag symptoms.

On examination, her blood pressure was 100/70 mmHg, heart rate 100 beats per minute, temperature 98°F, respiratory rate 12 breaths per minute, and oxygen saturation 98% on room air. She appeared pale and anxious but showed no signs of dehydration, clubbing, or jaundice. Abdominal examination was unremarkable, with a soft, non-tender abdomen and no visceromegaly.

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Initial laboratory investigations revealed a hemoglobin level of 10.9 g/dL, mean corpuscular volume (MCV) of 67 fL, white cell count of 6,000/ μ L, and platelet count of $273 \times 10^6/\mu$ L. A chest radiograph did not reveal any foreign body. An emergent esophagogastroduodenoscopy (EGD) was performed, which revealed a whole pill still in its silver-covered blister packaging lodged in the mid-esophagus, causing ulceration and erythema of the surrounding mucosa (Figure A). Multiple attempts to retrieve the packaged pill using biopsy forceps were unsuccessful. Subsequently, a Dormia basket was employed, resulting in successful extraction of the foreign body (Figure B). The patient experienced immediate relief of dysphagia following removal.



Upon further inquiry, she disclosed that she had inadvertently swallowed her morning medication along with its packaging. She was admitted for one day and received proton pump inhibitors, sucralfate, and oral rehydration. She was discharged on omeprazole 40 mg daily for one week and scheduled for a clinic follow-up. At her follow-up visit, she reported complete resolution of symptoms, and proton pump inhibitors were discontinued.

Discussion

Foreign body ingestion is generally not fatal, with most objects (80–90%) passing through the gastrointestinal tract spontaneously and some requiring endoscopic removal [6,7]. Foreign body ingestion includes both ingestion of non-food objects and esophageal food impaction [8]. Most cases occur in children aged 6 months to 3 years, the most vulnerable period due to their natural curiosity and tendency to place objects in their mouths [8].

In adults, true ingestion of non-food objects is more frequently observed in individuals with psychiatric disorders, developmental delays, alcohol intoxication, and in incarcerated individuals who may ingest foreign bodies to gain admission to a medical facility for secondary motives [9].

Symptoms range from none (asymptomatic) to signs of perforation. The most common presenting features of esophageal foreign body impaction are dysphagia and neck tenderness [10]. Additional symptoms include excessive salivation, retrosternal fullness, regurgitation of food, choking, gagging, hiccupping, and retching [11]. If esophageal tearing or perforation occurs, patients may also experience odynophagia [11].

In most cases, the diagnosis is based on the patient's history or a witness report (such as a parent or caregiver). However, in some situations, confirmation is only achieved through imaging. History-taking should focus on identifying the ingested object(s), the quantity, and the timing, while also assessing for similar previous episodes, which may raise concerns for neglect or abuse in vulnerable populations [10]. Physical examination generally provided limited information, as patients may present with mild or no symptoms [10]. Nonetheless, a focused examination should include chest assessment to rule out esophageal perforation and abdominal examination to evaluate for perforation or obstruction. In pediatric cases, examination of the ears and nose is important to check for additional foreign bodies [12].

The preferred management of an esophageal foreign body is endoscopic removal, which should be performed within 24 hours, as delays increase the risk of procedural failure and complications such as perforation [9]. If the foreign body is sharp, a disk battery, or causing complete esophageal obstruction, removal becomes an emergency and should be performed immediately [13]. Intravenous glucagon (1.0 mg) has been proposed as a temporizing measure for esophageal food bolus impaction while preparing for endoscopy, as it can relax the lower esophageal sphincter and allow the bolus to pass spontaneously [14]. Although its efficacy remains debated, it can be used safely without delaying definitive endoscopic management [9].

When removing foreign bodies, the size, shape, and location should be considered, and appropriate equipment selected. Endoscopic retrieval

devices such as a Roth net, alligator forceps, overtube, and Dormia basket can be highly effective in facilitating removal [15].

Conclusion

Foreign body ingestion is relatively common, with demographics typically skewed toward children and the elderly. However, our case highlights a deviation from this pattern, involving a 47-year-old female patient. Given the diverse clinical presentations, it is important to consider foreign body ingestion in any patient presenting with dysphagia to the emergency department. Accurate diagnosis and management rely on thorough history-taking and physical examination. Through this case report, we aim to highlight the significance of blister pack ingestion and the importance of timely intervention in preventing potential complications.

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Author Contributions

- Muhammad Ahmed Zaman: data collection, manuscript drafting.
- Amna Rashid Hanfee: literature review, drafting of discussion.
- Hasan Tauqeer: data collection, literature review
- Yumna Shahid: case management, preparation of figures.
- Waqar Hussain: supervision, critical revision.

All authors approved the final manuscript.

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