A previously healthy 15-year-old girl presented to the emergency department (ED) 1 hour after ingesting a teaspoon. The spoon was accidentally ingested during sudden forceful inspiration while watching a scary movie at home. The patient was asymptomatic and her physical examination was unremarkable. A plain abdominal radiograph was obtained (Fig. 1).

Two options were considered for extraction: endoscopy and gastrostomy. We decided to attempt an endoscopic removal at the ED. The procedure was performed by a skilled gastroenterologist with the patient deeply sedated by an experienced emergency physician. The spoon, which was covered with food particles, was identified and grasped with a polypectomy snare at the edge of the handle (Fig. 2) and was slowly retrieved through the lower esophageal sphincter. When it reached the hypopharynx level, the teaspoon was manually grasped by the emergency physician, who carefully pulled it out while maintaining the open airway.

Unlike most cases of foreign-body ingestion, there have been no cases reported of spontaneous passage of a teaspoon.1-4 Because of problems related to orientation and grasping, there have been only a few reports of endoscopic removal of long foreign bodies such as teaspoons.2-4 A retrospective analysis of 542 cases of foreign-body ingestion recommended surgical removal in cases in which the spoon handle is longer that 6 cm.1 Although this patient underwent a successful endoscopic removal at the ED, gastrostomy should always be considered when a long object, such as a teaspoon, is lodged in the stomach.

Competing interests: None declared.

Keywords: ingestion, foreign body, endoscopy, removal

REFERENCES


Fig. 1. Plain radiograph of the abdomen of a 15-year-old girl showing a bent metal spoon in the stomach.

Fig. 2. Endoscopic view of the teaspoon (covered with food particles) grasped by a polypectomy snare at the edge of the handle.

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spoon from the stomach with a double-snare and balloon. *Gastrointest Endosc* 2003;57:990-1.

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