

Title:

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Esophageal pharmacobezoar: a very unusual complication of enteral nutrition use

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Mr. Editor:

Enteral nutrition in intensive care has been a great advance in medicine, due to its benefit, cost-effectiveness and few complications. Bronchoaspiration, diarrhea, regurgitation or mechanical problems are the main adverse effects. Esophageal obstruction by bezoar is a very infrequent complication, and there are only a few cases described in the literature.

CLINICAL CASE

Male, 73 years-old, admitted to ICU due to cardiorespiratory arrest after an ischemic stroke, who had a nasogastric tube for enteral nutrition (Glucerna®), which he maintained for 28 days, with initially good tolerance. On the 28th day of stay in ICU, the tube needed to be replaced due to its removal during postural changes, without being able to reposition it despite several attempts. We observe an obstruction to the passage of the new tube when we attempt to insert it, so an upper endoscopy was performed. We observed an impaction of the enteral nutrition food mold at 28cm of the dental arch, occupying the entire esophageal lumen (figure 1A). Fragmentation was performed with a polypectomy loop, but disimpaction was very laborious, requiring the administration of Coca-cola® injected over the hardest mold. Finally, we were able to extract the largest fragments with a Roth basket and continue to the gastric chamber (figure 1B).

DISCUSSION

Bezoars are collections of undigested material accumulated in the digestive tract. In the case of pharmacobezoars, their origin is drug-related. Gastroesophageal reflux, prolonged decubitus, the use of sedatives and anticholinergics, formulas rich in casein, alterations in bowel motility and malposition of the tube favor their formation¹. For its resolution, the use of endoscopic methods (polypectomy loops, biopsy forceps or baskets) and chemical methods, such as Coca-Cola® or sodium bicarbonate, have been described in the literature, as in the article by Lin et al² published in this journal, and both can be combined. N-acetylcysteine, gastrografen or pancreatic enzymes can also be used³.

Therefore, it is a complication to consider in patients admitted to the ICU with nutritional support through a feeding tube. Routine washing of the tube, elevation of the headrest, the use of small caliber tubes and the use of prokinetics are recommended for prevention. In those cases with a tendency to reflux, delayed gastric emptying or prolonged need for enteral nutrition, the use of a nasojejunal tube or gastrostomy can be considered⁴.

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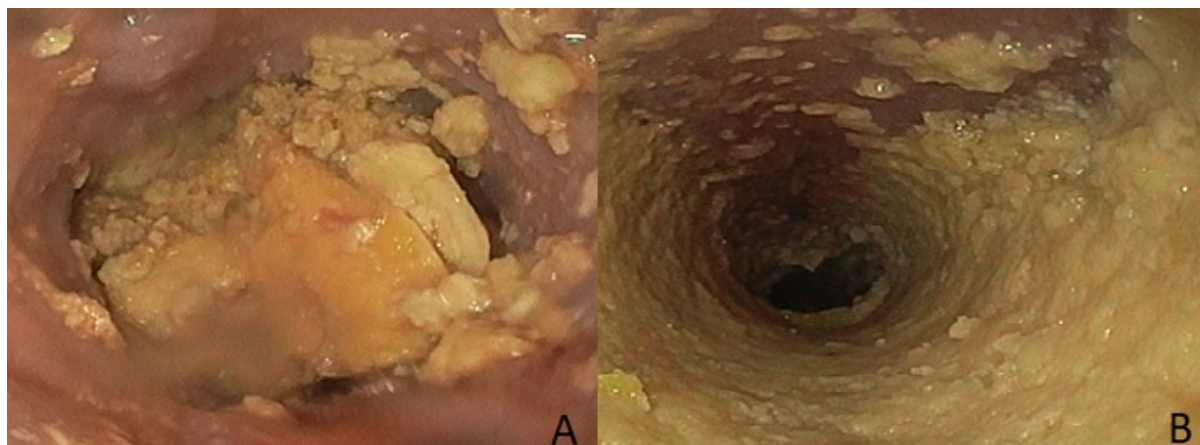


FIGURE 1. A: Mold of enteral nutrition impacted in the middle esophagus. B: Esophageal mucosa upholstered by enteral nutrition remnants after removal of the impacted mold.