Case report

Calculophagia?

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A 45-year-old man with Down's syndrome presented with a worsening 9-month history of dysphagia, requiring liquidised foods. He had suffered with a recent slow resolving chest infection and had lost 9 kg in weight. After an episode of regurgitation on attempting to re-introduce solid food, he was referred to our unit. To our surprise, a plain chest radiograph showed a large foreign body in the upper oesophagus (Fig. 1)

Following endoscopy, a 5 cm diameter stone (Fig. 2) was removed under general anaesthetic by passing a balloon catheter beyond the obstruction, pulling it back into the pharynx and delivering with sponge-holding

forceps. Oesophagoscopy showed normal epithelium and structure following the stone's extraction despite the apparent duration of its residency.

Whilst foreign bodies causing dysphagia are not in themselves a particularly rare event,¹ the swallowing of a stone of this size is most uncommon as is the time-course of the history. We can find no other reports of this condition. Whilst doubtless this was due to the patient's mental disability, this case illustrates the importance of chest radiography in the diagnosis of dysphagia. Finally, we would respectfully suggest a new term for this condition – calculophagia.

Reference

1. Athanassiadi K, Gerazounis M, Metaxas E, Kalantzi N. Management of esophageal foreign bodies: a retrospective review of 400 cases. *Eur J Cardiothorac Surg* 2002; 21: 653–6.

Figure 1 Chest radiograph showed a large foreign body in the upper oesophagus.

Figure 2 The extracted stone.

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