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A Penny's Worth of Advice: Deep Esophageal Injury from a Coin

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A healthy 15-month-old Hispanic boy presented with dysphagia. The symptoms began without fever, rhinorrhea, or cough. He was immediately taken to the local Urgent Care and diagnosed with an upper respiratory infection. Four days later he returned for persistent symptoms without hematemesis or fever. A chest radiograph noted a round object at the carina (A). Emergent esophagogastroduodenoscopy (EGD) was performed. The coin was removed using rat tooth forceps. Upon inspection of the esophagus the area was noted to have a significant mucosal erosion (B). The patient was admitted for observation. A water-soluble contrast esophagram noted a large mucosal irregularity without perforation (C). After observation the patient was discharged home on a liquid and soft diet. Follow-up demonstrated a significantly improved but ongoing mucosal diverticulum and absence of dysphagia.

While complications from esophageal coins are rare, patients with retained esophageal coins are at risk for strictures, perforation, fistula to the great vessels, and respiratory distress.¹ This case highlights the importance of prompt removal of retained esophageal foreign bodies.² Although mucosal injury can be seen on EGD the injury may be greater and longer lasting than visualized. Subsequent imaging after removal may be warranted.³

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A. Coin in Upper Esophagus B. Significant mucosal erosion from coin post removal C. Esophagram showing degree of mucosal erosion day after coin extraction D. Small esophageal mucosal irregularity seen 4 weeks after removal