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Endoscopic Removal of Ingested Nitrile Gloves

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A 56-year-old woman who was non-communicative due to developmental disability presented with symptoms of gastric outlet obstruction of nausea and vomiting. Surgery was consulted for percutaneous gastrostomy tube placement in an attempt to reduce aspiration risk. During endoscopic placement of the gastrostomy tube, 2 large intragastric foreign bodies were noted. Upon contacting the patient's nursing facility, we discovered that she had ingested 2 nitrile gloves approximately 6 years prior. During upper endoscopy, our team noted that within the gastric environment, the gloves had "vulcanized" into solid masses. The size of the masses precluded removal through an esophageal overtube. Attempts in fragmenting the first glove using a mechanical lithotripter were unsuccessful, as was trying to stretch the glove out. Argon plasma coagulation failed to fragment the glove but was used in puncturing holes into the glove to aid in grasping. A rat-toothed forceps passed through the gastrostomy tube was helpful in positioning and re-orienting the glove. Ultimately, the most effective method to facilitate removal was sequentially compressing the glove along its length to elongate its shape. Both gloves were removed successfully, the patient's symptoms resolved, and she was able to tolerate tube feeds thereafter.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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Figure 1.
(A) Two vulcanized, nitrile gloves were seen in the stomach. (B) Retrieved fragments reveal the shape of a glove after reconstruction.