CLINICAL SNAPSHOT

Hard to Swallow

A patient suffering from dementia was admitted to the hospital with dysphagia and vague abdominal complaints. He had not complained of swallowing difficulties before, nor had any been noticed by the persons caring for him. A speech-therapeutic swallowing assessment yielded no evidence of clinically significant oropharyngeal dysphagia or of an elevated risk of aspiration. Esophagogastroduodenoscopy revealed a tablet blister firmly impacted in the mucosa of the distal segment of the esophagus. It was removed with a foreign-body forceps (raptor) under endoscopic vision as the endoscope was withdrawn. The patient's symptoms resolved, and he was able to eat normally again.

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Conflict of interest statement

The authors state that they have no conflict of interest.

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