Esophageal Impaction presenting as an Airway Foreign Body

A 13-month-old male with no previous medical history presented to an outside emergency department in respiratory distress following a witnessed choking incident on a chicken nugget. Examination revealed significant stridor, increased work of breathing, and decreased oxygen saturation. Chest X-ray showed no radiolucent foreign bodies or infiltrates. Treatment with dexamethasone and racemic epinephrine led to mild improvement. Flexible laryngoscopy was unremarkable. He was transferred to our institution for his worsening clinical picture.

Upon arrival, he exhibited severe respiratory distress, retractions, biphasic stridor, frequent cough, and hypoxia. Due to suspected FB obstruction, ENT consultation recommended airway endoscopy. Before surgery, he became lethargic, with blood gases showing hypercarbia and impending respiratory failure.

Rigid bronchoscopy revealed significant mass effect compressing the trachea. Esophagoscopy confirmed a large EFI. ENT removed most of the EFI, and Gastroenterology cleared the remaining portion from the distal esophagus. Bronchoscopy confirmed complete resolution of tracheal compression. Esophageal biopsies were negative for eosinophilic esophagitis. The child was extubated and discharged with full resolution of symptoms.

This case underscores the need for heightened clinical vigilance in children presenting with choking, even when initial imaging and endoscopic findings are unremarkable. The rapid progression to severe respiratory distress and hypercarbia highlights the importance of considering EFI in airway obstruction cases. Prompt recognition and coordinated intervention between ENT and Gastroenterology were crucial in preventing further deterioration and achieving a successful outcome. This case emphasizes the role of a multidisciplinary approach in managing complex pediatric airway emergencies.