

PICTURES IN DIGESTIVE PATHOLOGY

A typical but seldom recognized foreign body in the esophagus of a laryngectomized patient

Jaime P. Rodrigues, Rolando Pinho and João Carvalho

Department of Gastroenterology. Centro Hospitalar Vila Nova de Gaia/Espinho. Vila Nova de Gaia, Portugal

A 57-year-old man with a past medical history of total laryngectomy for squamous cell carcinoma of the larynx was admitted to our institution five months after the procedure, for surgical resection of a local recurrence of the tumor. In the postoperative period, endoscopically guided placement of a nasogastric tube was scheduled, after previous failed attempts. Upper gastrointestinal endoscopy revealed an anastomotic dehiscence, 13 cm distal to the incisors, and a foreign body penetrating through the esophageal wall, 20 cm distal to the incisors (Fig. 1). We were unable to identify the foreign body with certainty but, after consulting with the assistant otorhinolaryngologist, we realized that it was a voice prosthesis.



Fig. 1. Voice prosthesis penetrating through the esophageal wall, 20 cm distal to the incisors.

One of the main goals of rehabilitation following total laryngectomy is restoration of voice. The three major approaches to restore oral communication are the electrolarynx, the tracheoesophageal puncture with voice prosthesis and the esophageal speech. The tracheoesophageal puncture with voice prosthesis is a technique used since the 1980's (1) and one of the most frequently used nowadays (2). This prosthesis acts as a one-way valve, preventing the reflux of esophageal contents into the respiratory tract, and allowing the inflow of air from the trachea to the esophagus, offering the laryngectomized individual the potential for spontaneous and effortless speech production (1). In fact, voice restoration through tracheoesophageal puncture is the alaryngeal speech alternative most comparable to normal laryngeal speech in quality, fluency, and ease of production (3). This patient had a Provox® Vega prosthesis, a prosthesis made of silicone, used since 2009.

To date, there are very few endoscopic reports of this device (4). In view of their widespread use, we consider it is very important for an endoscopist to be aware of this prosthesis and its endoscopic appearance, thus avoiding its accidental removal attempt.

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