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### RESEARCH ARTICLE

## ESOPHAGEAL FOREIGN BODY IN A CHILD WITH CEREBRAL PALSY: A CASE REPORT

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#### Abstract

Esophageal foreign bodies are a common pediatric emergency, especially in children with neurological or psychomotor impairments. We report the case of a 6-year-old boy with cerebral palsy who presented with dysphagia for three days, without dyspnea or dysphonia. Nasofiberoscopy revealed salivary stasis, and a cervicothoracic X-ray showed a metallic object resembling a button battery located at the level of the sixth cervical vertebra. Panendoscopic exploration identified a watch-like foreign body impacted in the upper esophageal sphincter (Killian's mouth). The extraction was performed carefully under general anesthesia, without intraoperative complications. Post-extraction endoscopic evaluation showed no mucosal necrosis or esophageal perforation. This case highlights the importance of prompt diagnosis and cautious management of esophageal foreign bodies, particularly in neurologically impaired children.

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#### Introduction:-

Accidental ingestion of foreign bodies is a frequent reason for pediatric emergency consultation, accounting for 80–90% of cases in children aged between 6 months and 6 years [1]. Children with neurological disorders, such as cerebral palsy, are at higher risk due to impaired swallowing and oropharyngeal motor control [2,3]. Esophageal foreign bodies require urgent management to prevent serious complications such as necrosis, perforation, mediastinitis, or tracheoesophageal fistula formation [4]. We report a clinical case illustrating the diagnostic and therapeutic challenges of an esophageal foreign body impacted at Killian's mouth in a child with cerebral palsy.

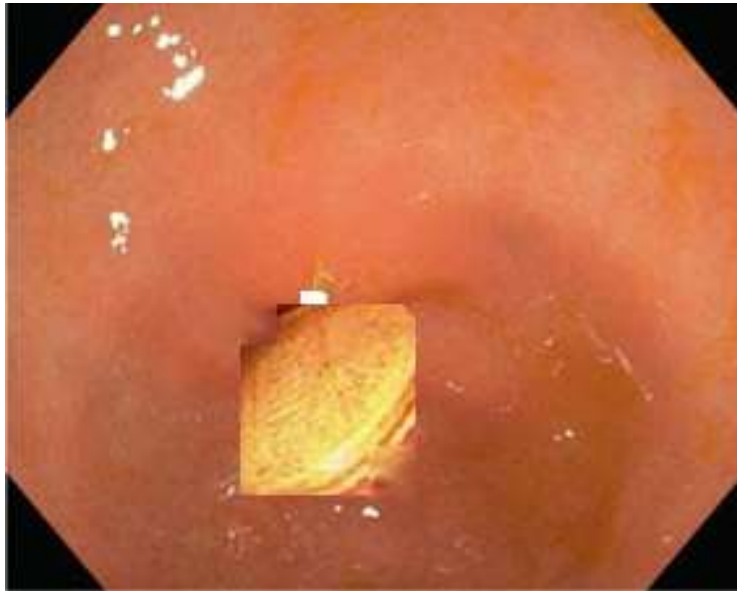
#### Case Report:-

A 6-year-old boy with a history of cerebral palsy and global developmental delay was admitted with isolated dysphagia evolving for three days. There was no dyspnea, cough, or dysphonia. On examination, the child was conscious, afebrile, with hypersalivation and difficulty swallowing liquids. Nasofiberoscopic examination revealed salivary stasis in the hypopharynx without associated laryngeal abnormalities. A standard cervicothoracic X-ray revealed a round metallic object resembling a button battery, projected at the level of the sixth cervical vertebra (C6). A panendoscopic exploration was then performed under general anesthesia. It revealed a watch-like metallic foreign body impacted in the upper esophageal sphincter (Killian's mouth). Extraction was technically challenging

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due to the irregular shape and location of the object but was successfully achieved without intraoperative incident. Post-extraction endoscopic inspection showed no mucosal necrosis, ulceration, or esophageal perforation. The postoperative course was uneventful, with gradual resumption of oral feeding and no secondary complications.



**endoscopic view showing a foreign body (watch) enclosed in the mouth of Killian**

**Discussion:-**

Esophageal foreign bodies occur most frequently in children between 1 and 6 years of age, a period characterized by intense oral curiosity [1]. Children with neurological disorders, particularly those with cerebral palsy, are especially vulnerable due to impaired swallowing–breathing coordination and deficient oropharyngeal motor control [5,6]. Button batteries are among the most feared foreign bodies because of their high risk of alkaline necrosis from hydroxide release, which can cause esophageal perforation within hours [7]. In our case, although the radiograph suggested a button battery, the object was actually a watch component, which likely reduced the risk of chemical injury. Diagnosis relies on clinical signs (dysphagia, hypersalivation, regurgitation) and imaging, particularly standard cervicothoracic radiographs in anteroposterior and lateral views. The salivary stasis observed on nasofibroscope is an indirect but suggestive sign of high esophageal obstruction [8]. Rigid panendoscopy under general anesthesia remains the gold standard for both diagnosis and removal of esophageal foreign bodies [9]. In this case, the Killian’s mouth location made extraction technically delicate, increasing the risk of iatrogenic injury. The absence of mucosal damage or perforation following extraction underscores the precision and caution of the procedure. From a preventive perspective, caregiver and parental education is essential, especially for children with motor or cognitive disabilities. Strict monitoring of the child’s environment and accessible objects should be systematically implemented [10].

**Conclusion:-**

Esophageal foreign bodies constitute a diagnostic and therapeutic emergency, particularly in children with cerebral palsy. This case emphasizes the need for parental vigilance, early recognition of symptoms, and rapid multidisciplinary management. Endoscopy remains the preferred method for diagnosis and removal, allowing immediate assessment of mucosal integrity and prevention of severe complications.

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