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Wire Swallowing: A Purging Behavior

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1. Clinical Image

Purging is a self-inflicted behavior, to ridding the body of food consumed in order to lose weight or prevent weight gain. Self-induced vomiting, laxative abuse, diuretic abuse, enemas and excessive exercise are well-known purging behaviors. Purging disorder affects 2.5-4.8% of adolescent females; the behavior mostly affects physiologically and potentiates physical harm [1, 2]. Although rare, this behavior sometimes causes unusual danger to the patient.

A 46-year-old female visited our emergency department as she failed to remove a wire from her mouth. Upon her arrival, her vital signs were stable. This was the third time she searched for help at our emergency department for the same reason. The patient has been suffering from a self-inflicted purging behavior. She performed self-induced vomiting by putting a wire deep into her mouth (Figure A). The wire was more than 1 meter in length, which was thick and folded in spiral pattern. There was a resistance while we tried to pull it out. The wire was removed under the assistance of panendoscope (Figure B). The wire knot (Figure C) stuck at the esophagogastric junction, which could cause esophageal laceration if someone tries to remove it by force.

We would like to share our experience with physicians taking care of patients who might have similar purging behavior. We strongly advise not to remove the wire by force as the unexpected wire knot may injure the esophagus.

Impacted esophageal foreign body may cause symptoms ranging from mild discomfort to severe distress, even death [3]. Endoscopic management is the first choice in the treatment of esophageal foreign bodies due to its safety and effectiveness, while unnecessary delays should be avoided to prevent complications [4].



Figure A: the patient swallowed a long and thick wire which is folded in a spiral pattern.

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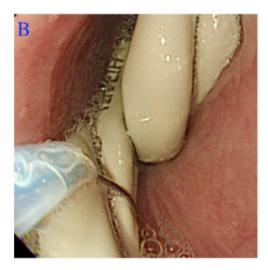


Figure B: an endoscopic view while retrieving the wire.

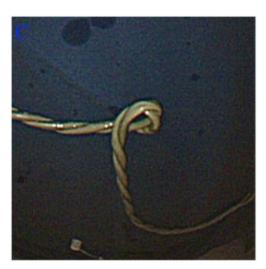


Figure C: the wire successfully removed from the patient that is the wire knot which failed to pass through the esophagogastric junction.

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