

# Pharmacobezoar of the esophagus

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Esophageal medication bezoars are rare. We report a case presenting as esophageal obstruction following an alleged ingestion of 145 tablets. Abdominal X-ray suggested the presence of a large pharmacobezoar in the stomach, and endoscopy confirmed esophageal obstruction by pharmacobezoar.

**Keywords** Pharmacobezoar; Medication bezoar; Decontamination

## Introduction

Pharmacobezoars are a rare but potentially serious complication of excess drug ingestion. We presented a case of an esophageal pharmacobezoar with complete obstruction.

## Case

A 58-year-old woman was taken to a local hospital approximately 30 min after ingesting at least 31 tablets of

sulpiride (100 mg), 30 tablets of buspirone (10 mg), 56 tablets of lorazepam (0.5 mg) and 28 capsules of duloxetine (30 mg). She was intubated due to progressively comatose condition. She presented with shivering, sweating, hyperactive bowel sounds, nystagmus, myoclonus, and hyperactive reflexes. She had difficulty swallowing and it proved impossible to insert a gastric tube through the esophagus. Abdominal X-ray suggested the presence of a large pharmacobezoar in the stomach (Fig. 1). Emergency upper gastrointestinal endoscopy was performed and a large confluent mass of drugs was found in the lower third of the esophagus with complete obstruction (Fig. 2). The patient was admitted to ICU for further observation. Two days later, she gradually woke up and was extubated



**Fig. 1.** Abdominal radiograph showing opacity above stomach (red circle) and multiple tablets in stomach and duodenum.



**Fig. 2.** Endoscopic examination showing an esophageal tablet mass.

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successfully on the fourth day. A second endoscopy was performed one week later and showed multiple shallow ulcers on esophageal mucosa without residual tablets. She was discharged on the 10th day without other complication.

## Discussion

Sulpiride, buspirone, and duloxetine have not previously been reported to cause pharmacobezoar. The risk factors for the formation of pharmacobezoars include dehydration, alternations in the gastrointestinal (GI) tract, dysmotility of the GI tract, medication overdose, or concomitant use of anticholinergics and narcotics.<sup>1</sup> In the present case, radio-opaque pills were visible on plain X-ray, and a pharmacobezoar suspected due to oesophageal obstruction. In case of esophageal pharmacobezoars, endoscopy allows confirmation and potential removal of the bezoar to reduce the absorbed dose, and hence potential toxicity.<sup>2</sup>

In conclusion, large numbers of pills ingested in a short time can be capable of forming an esophageal

pharmacobezoar and cause obstruction. Suspicion of pharmacobezoar may warrant diagnostic investigations such as imaging studies and endoscopy. Removal of pharmacobezoar should be done as soon as possible where possible both to potentially minimize the severity of intoxication and reduce local esophageal damage.

## Declaration of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this paper.

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