

A Case Report of Endoscopic Removal of Phytobezoar in CKD Stage 5 Patient with Uremic Symptom

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Introduction: Uremic symptom commonly occurs in CKD stage 5. Some studies suggest only less than 3% of ESRD patients who recently initiated dialysis experience no symptoms of uremia. Gastrointestinal characteristics of uremic symptom are nausea and vomit. However, very rarely, phytobezoar blocking lower esophagus can be another reason for postprandial nausea and vomit in ESRD patients. Such case in ESRD patients has not been reported before. This case presents a rare case of rubber-like 7cm long phytobezoar found in esophagus during endoscopy, which was performed to differentiate uremia from other symptoms.

Case report: The patient is 82-year-old male, suffering from 10 days of nausea and vomit, with history of CKD stage 5. His oral intake was limited to fluid-diet. He received hemodialysis for two consecutive days, then three-weekly maintenance HD for 4 hours (intermittent HD). Although his lab results and nausea improved, even low residue diet would cause him to vomit. Physical blockage of esophagus was suspected and upper endoscopy was performed. A 7cm long phytobezoar was found located just above EG junction (fig 1). First attempt to remove the bezoar was to push it down to stomach. This attempt failed due to mild stenosis of lower esophagus (fig 2, 3). Endoscopic snare was then used to grab the bezoar. The bezoar was pulled until left pyriform sinus, and while observing swallow-reflex, when vocal cord closed and upper esophageal sphincter relaxed, the bezoar was pulled out (fig 4). The patient was able to resume normal diet shortly after.

Discussion: Phytobezoar of this size to block esophagus is very rare. This caused inability of patient to take normal food and led to nausea and vomiting. While performing EGD is not favored as a first-line procedure in elderly patients with CKD, it is worth a consideration before making decision for RRT. If a large bezoar is found, it must first be pushed gently into stomach. Removal of a bezoar by pulling it up should be tried only after as bezoar may block trachea.

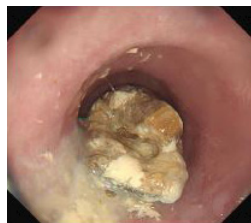


Fig1



Fig2



Fig3



Fig4