Caught up with Time

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A 34-year-old male patient, known to be schizophrenic, was brought to our emergency department with a 2-day history of sudden-onset hoarseness. The patient had no symptoms of dysphasia, odynophagia, dyspnea, hematemesis or choking, and no previous history of otolaryngological or respiratory disease. Physical examination was unremarkable. The oropharyngeal cavity was clear, and no neck tenderness or subcutaneous emphysema was noted. A neck X-ray was ordered and showed a radiopaque shadow in the proximal esophagus consistent with a wristwatch (fig. 1). Rigid and flexible endoscopy

were both attempted under sedation with no success in retrieval. A second attempt with the rigid esophagoscope was done under general anesthesia, but again the foreign body could not be extracted. Measurement revealed that the watch was 18 cm away from the incisors. Esophagotomy through a left oblique cervical incision was performed (fig. 2a), and the wrist watch was successfully removed (fig. 2b). The postoperative course was smooth, and the control gastrograffin swallow revealed no leak 7 days after the operation. The patient was started on oral feeding and discharged home the next day.

Fig. 1. Neck X-ray showing a radiopaque shadow in the proximal esophagus consistent with a wristwatch.

Fig. 2. a Left oblique cervical incision. **b** Extracted wristwatch.