

EDITORIAL

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Acute food bolus impaction in the esophagusPublished online: 9 December 2004
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In this issue of the *European Archives of Oto-Rhino-Laryngology*, two articles focus on the initial conservative management of esophageal food bolus impaction in 43 and 37 patients, respectively. In both series, Buscopan was given in slightly more than 80% of the patients in addition to fizzy drinks and other drugs, according to the surgeon's preference. However, the statistical analysis of the results fails to show any significant difference between the two groups of patients treated with or without Buscopan in one of the articles.

Since the esophageal obstruction resolved spontaneously over 24 h in more than 50% of the patients in both

series, it seems justified to recommend a 24-h observation period before submitting patients to a therapeutic endoscopy. The only prerequisite is to ascertain that the food bolus does not contain any bony component to avoid the risk of potential perforation of the esophageal wall.

Currently, the contribution of Buscopan in facilitating the passage of the food bolus into the stomach remains unproven. This warrants a prospective, randomized, multi-center trial on a larger scale to assess precisely its usefulness in this indication.