

Fish bone or calcification of arterial ligament?

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A 34-year-old woman was admitted to the documented hospital for backache. She had swallowed a fishbone 3 days prior, and nothing could be found by gastroscopy in a local hospital. After admission, a computed tomography (CT) was performed, a high-density shadow could be seen beneath the arcus aortae (Fig. 1A). The “fishbone” was so close to the aorta and pulmonary artery that an emergency operation was performed to prevent the possibility of rupture.

After surgery, the patient felt the backache disappear. Before discharge, a CT was performed again and the high-density shadow had disappeared when compared with the previous picture (Fig. 1B). Five days later, a pathological examination showed calcification of cartilage. But, strangely, as a foreign body, inflammatory cells could not be found around

the “fishbone” (Fig. 1C). Considering the position and pathological result of the “fishbone”, another possibility came to mind: calcification of arterial ligament (CAL). For further conformation, a blood sample and pathological section was sent to the Academy of Forensic Science for DNA sequencing after acquiring permission from the patient. 16 loci (D3S1358, D1S1656, D6S1043, D13S317, D16S539, D18S51, D2S1338, TH01, vWA, D7S820, D5S818, TPOX, D8S1179, D12S391, D19S433, Amelogenin) were exactly the same in 2 samples and 5 loci (Penta E, CSF1P0, Penta D, D21S11, and FGA) could not be detected in the pathological section (**Suppl. Fig. 1**).

In conclusion, an eye should be kept on CAL when handling an emergency esophageal foreign body based on the lesson learned from this case.

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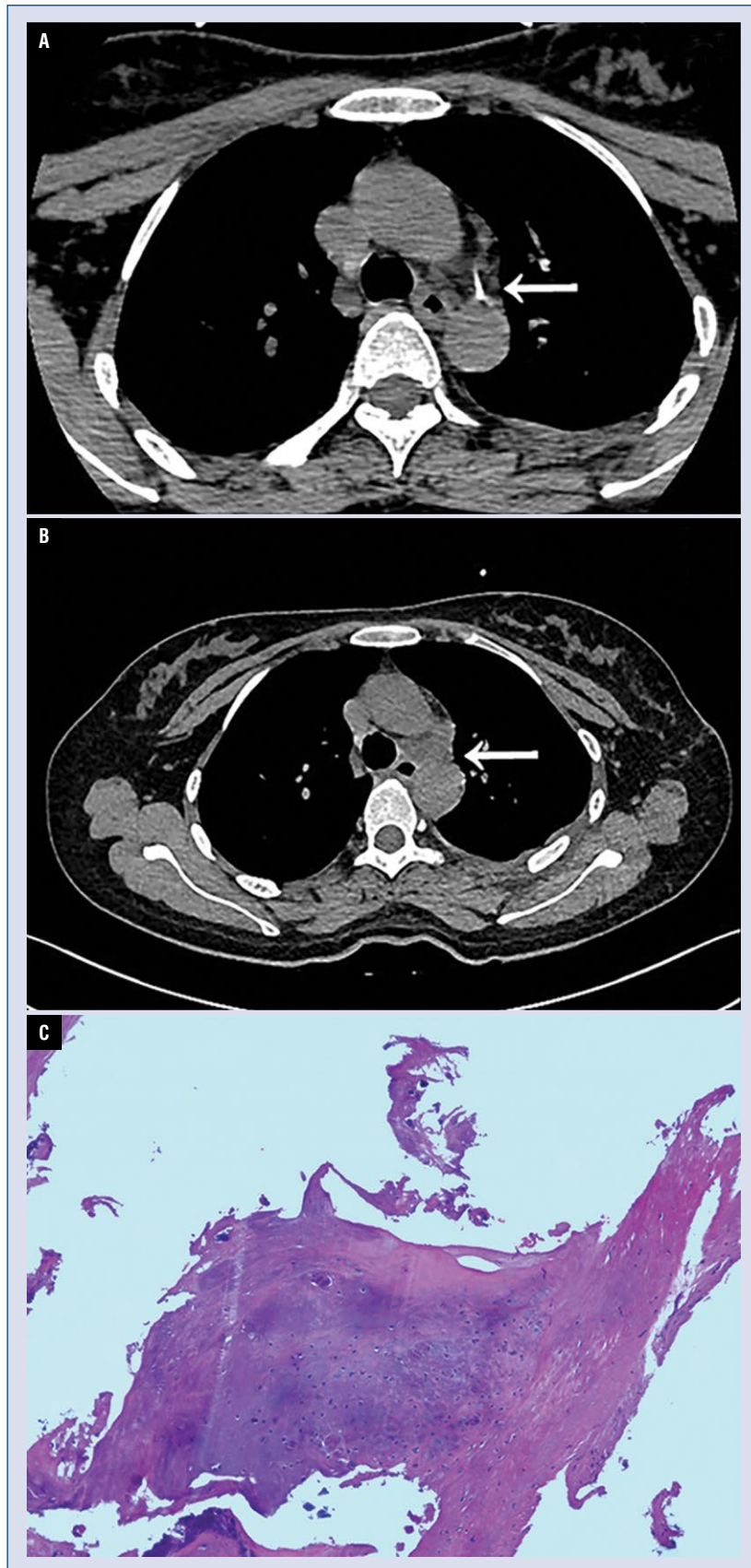


Figure 1. A. A high-density shadow could be seen before surgery; B. The high-density shadow disappeared after surgery; C. Pathology showed calcification of cartilage.