A 30-Year-Old Woman With a History of Bulimia Presented to the Emergency Department After Swallowing a Knife. She Inserted the Knife into the Posterior Oropharynx to Demonstrate to Her Companions That She No Longer Had a Gag Reflex. When She Unexpectedly Laughed, the Knife Migrated into Her Esophagus, Causing Chest Discomfort and Hematemesis. Anteroposterior Chest and Abdominal Radiographs (Panels A and B) Revealed a Knife Within the Distal Esophagus and Proximal Stomach, Without Evidence of Pneumothorax, Pneumomediastinum, or Pneumoperitoneum. A Rigid Esophagogastroduodenoscopy Was Performed to Remove the Knife. The Esophagus and Stomach Otherwise Appeared Grossly Normal. A Swallowing Study Showed No Extravasation of Contrast Material from the Upper Gastrointestinal Tract, and the Patient Subsequently Resumed Eating Without Complications. Her Husband Later Disclosed That 4 Years Earlier She Had Swallowed a Knife That Required Surgical Removal with Exploratory Laparotomy. Consultation with a Psychiatrist Was Recommended, and the Patient Was Later Transferred to an Inpatient Psychiatric Unit.

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