Figure 1.

**Introduction:** Foreign bodies in the esophagus and the stomach should be removed as soon as possible to avoid serious complications. However, if they have a long-axis, especially more than 13 cm in the length, endoscopic removals are difficult because of the risk of the oropharyngeal injury during the removal.

**Case:** A 29-year-old female was admitted to our hospital after swallowing a toothbrush in a drunken status. On the simple chest, radio-opaque material corresponding with the brush part of the toothbrush was located at the 14 cm site below the diaphragmatic level showing impacted into the stomach (Fig. 1). The handgrip end of the toothbrush was visualized in the distal esophagus on endoscopy. The overtube was backloaded over the scope and introduced into the distal esophagus where the toothbrush was forcefully pulled and fully inserted into the overtube and removed together with overtube successfully (Fig. 2). Re-endoscopy showed no evidence of laceration in the esophagus and oropharynx. The toothbrush measured 19.5 cm in length.

**Conclusion:** The endoscopic removal with the overtube was a simple, safe and effective technique for the removal of the impacted long-axis foreign body in the esophagus and the stomach.

**Key Words:** Endoscopy, Toothbrush, Stomach, Snare, Overtube

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