An abstract is not provided in the text. However, the content can be summarized as follows:

**ABSTRACT**

A patient who had swallowed the rim of a shot glass presented with odynophagia and hoarseness. A neck CT scan demonstrated a 5 cm foreign body occupying the left piriform sinus, with its distal end impacted at the upper esophageal sphincter and its proximal end within the soft tissues of the neck, abutting the carotid bulb. A CT angiogram showed no vascular injury. The foreign body was removed endoscopically. Because of extensive dissection of air from retching and some suggestive discharge, the patient’s neck was explored. A barium esophagram on post-operative day 5 showed no leak. He was discharged home the next day. The case illustrates extraction of a complex, impacted upper aerodigestive tract foreign body with a positive end result.

**INITIAL PRESENTATION**

A 32-year-old otherwise healthy male, presented to the emergency department complaining of left-sided odynophagia and hemoptysis after visiting a bar. The beverage of the evening, a beer cocktail known as an “Irish Car Bomb,” entailed dropping a shot glass of whiskey into a larger glass of Guinness stout (Guinness Brewery, Dublin, Ireland) [Figure 1, 2]. After draining the mix, he noted throat pain. Inspection revealed that the shot glass had broken on its initial insertion; the fracture went unnoticed because of the opaque nature of the beer. He tried to dislodge a presumed glass fragment by forceful retching for approximately 30 minutes prior to seeking medical attention.

Examination revealed a calm, cooperative, rapidly sobering man in mild distress. There was diffuse cervical crepitus, trace hemoptysis, no hoarseness and no dyspnea. Flexible laryngoscopy revealed salivary pooling, and a glimpse of a foreign body surrounded by mucosal edema and blood in the left piriform sinus.

**RADIOLOGY**

A CT scan of the neck showed a 5 cm gently curved foreign body occupying the left piriform sinus and extending into the esophagus [Figure 3, 4, 5, 6]. Its distal end was impacted at the inferior extent of the upper esophageal sphincter and its proximal end lay within the soft tissues of the neck, with a sharp point abutting the carotid bulb. Air had dissected into all fascial planes of the neck and extended into the mediastinum. A CT angiogram showed no injury to the carotid artery.

**OPERATING ROOM**

The patient was intubated over a flexible endoscope. Direct laryngoscopy easily exposed the left piriform sinus and a large piece of glass within, representing a substantial portion of the rim of the shot glass [Figure 7]. Because of the curve of the object and distal impaction against the upper esophageal sphincter, it was not possible to advance the glass into the esophagus so as to disimpact the proximal point from the soft tissue of the neck. Under telescopic guidance, microlaryngoscopy scissors were used to enlarge the mucosal perforation and cut down on the proximal end of the glass. Once an adequate incision had been made, the point was delivered into the airway and the entire mass was extracted through the laryngoscope [Figure 8]. Because of extensive “dishwater” discharge encountered in association with the perforation, a neck exploration was performed and drains were left in place. A nasogastric feeding tube was advanced past the laceration under direct visualization.

The patient was fed by tube and received intravenous antibiotics. The patient began oral intake on post-operative day 5, after a barium esophagram showed no leak, and was discharged home a day later.

**CONCLUSIONS**

We present a case that illustrates the consequences of aggressive drinking, coupled with an unfortunate choice of beverage and compounded by the patient’s forceful retching. The size, shape and location of the foreign body made it unsuitable for distal advancement, the usual endoscopic maneuver used to dislodge a proximally impacted sharp point, and required enlarging the perforation to extract the foreign body. The circumstances of the injury and the examination prompted a neck exploration and drainage, in advance of clear signs of infection; the eventual satisfactory outcome of the case tends to support this decision.