

Angelchik prosthesis revisited: radiological appearance mimicking a foreign body

The Angelchik prosthesis, resembling an incomplete doughnut (*Figure 1*), was used in the past to treat patients

Figure 1. An Angelchik prosthesis which was removed from a patient with dysphagia.



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with hiatus hernia. The prosthesis is tied around the gastro-oesophageal junction, using Dacron straps, to minimize reflux disease. It is outdated (Varshney et al, 2002) but surgeons may still see patients with this prosthesis which were inserted more than a decade ago. Migration, dysphagia, erosion and recurrent reflux are common complications (Stewart et al, 1994; Maxwell-Armstrong et al, 1997; Carbonell and Maher, 2006). Many radiologists are not familiar with the prosthesis and therefore radiologically it may be reported as a foreign body.

Figure 2 shows the radiological appearance of an Angelchik prosthesis on computed tomography. When there is a complication, the prosthesis can be removed laparoscopically and an anti-reflux procedure may be required at the same time. **BJHM**

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Maxwell-Armstrong CA, Steele RJ, Amar SS, Evans

D, Morris DL, Foster GE, Hardcastle JD (1997) Long-term results of the Angelchik prosthesis for gastro-oesophageal reflux. *Br J Surg* 84(6): 862–4

Stewart KC, Urschel JD, Hallgren RA (1994) Reoperation for complications of the Angelchik antireflux prosthesis. *Ann Thorac Surg* 57(6): 1557–8

Varshney S, Kelly JJ, Branagan G, Somers SS, Kelly JM (2002) Angelchik prosthesis revisited. *World J*

Figure 2. A computed tomography scan of a patient with dysphagia demonstrating part of the Angelchik prosthesis (arrow).

