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An Unusual Case of Sharp Metallic Foreign Body Retrieval From Stomach: A Case Report

Medical Science

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Dr. Parveen Kumar	Junior Resident-IIIrd Year, Department of Surgery,, S.N. Medical College, Agra, U.P.
Dr. Vikas Mittal	Lecturer, Department of Surgery,, S.N. Medical College, Agra, U.P.
Dr. Nitin Goyal	Junior Resident-IIIrd Year, Department of Surgery,, S.N. Medical College, Agra, U.P.

ABSTRACT

Ingestion of sharp foreign bodies is an unusual occurrence. . Intentional ingestions are more common in psychiatric patients(1,2). Removal of large sharp foreign bodies is recommended due to their potential of danger. Foreign bodies can be removed by endoscopy, laparoscopy or laparotomy.

INTRODUCTION

In medical terms, a foreign body can be defined as anything within a patient's body that is not supposed to be there. Majority of the foreign bodies of different shapes and sizes are reported to pass spontaneously without much harm to the patients during the observation period. Foreign body ingestion can present without symptoms[3], and in some cases perforation, gastrointestinal bleeding or an obstruction. When foreign bodies do not pass spontaneously endoscopic or surgical removal is necessary. Conventionally foreign bodies are removed by laparotomy; we share our experience with laparotomy and removal of foreign body from stomach, unusual in that the radiologically foreign body was suspected at distal ileum.

CASE REPORT

A 20 year old male by name lakho presented to us on 16/11/2013 with history of ingestion of a broken knife on 02/11/2013, without any symptoms. His parents came to know about it after 4 days of ingestion and waited for spontaneous passage of same, till presentation to our department. Patient had

no complains of abdominal discomfort, vomiting or inability to pass flatus and feces. Parents had checked his excreta daily to look for spontaneous passage of foreign body.

On physical examination, vitals were stable. Per abdomen examination was within normal limits with soft abdomen, no organomegaly and bowel sound auscultated. X-ray abdomen AP erect revealed a radio-opaque linear shadow in central lower abdomen, near pelvic cavity without any signs of obstruction or perforation (Fig.1). USG abdomen was normal study. A clinical suspicion of foreign body getting stuck at ileocecal junction was made and patient was planned for laparotomy. On laparotomy, small and large bowels were traced to whole length but no foreign body was palpable. Incision was enlarged upwards and foreign body was palpable in stomach, to our surprise. Gastrotomy was done and metallic foreign body 5.8cm in length and 1.9 cm in breadth and 1mm thick was retrieved(Fig.2,3). Post operative period was uneventful.



Fig.1. X-ray abdomen AP erect view

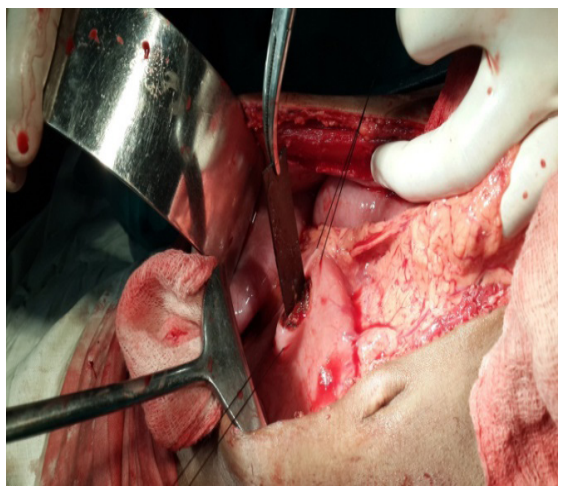


Fig. 2. Gastrotomy and retrieval of foreign body



Fig.3. Sharp metallic foreign body retrieved

On repeated questioning, patient revealed, he had an argument with his parents, after which he ingested foreign body to end his life. Parents mentioned a few episodes of rage behavior of their son in past years.

DISCUSSION

Guidelines demonstrate that 80%–90% of foreign bodies reaching the gastrointestinal tract pass spontaneously, 10%–20% require endoscopic intervention and 1% require a surgical procedure[1,2]. As reported in one large study of 101 cases of foreign body ingestion, patients are usually examined within 48 hours to six days following ingestion[4]. In our case there was a significant delay because our patient was waiting for its spontaneous passage. An object may have difficulty negotiating the pylorus,

or the ileocecal valve. Objects longer than 5 cm, or more than 2.5 cm in diameter will have difficulty negotiating the pylorus[5].

Ingested foreign bodies present a unique problem for the ultrasonologist. Because of the air in the bowel, it is inherently difficult to visualize and ultrasonography is a poor imaging choice for these kinds of foreign bodies. Surgical intervention may be required if it has not passed within a week or if the patient becomes symptomatic[3]. The complications increase in sharp and impacted foreign bodies. Perforation is rare and is usually at acute angulations and physiological sphincters.

CONCLUSION

Ingestion of sharp metallic foreign bodies is not usual, generally seen in psychiatric patients. Removal of sharp objects longer than 3 cm is recommended even in asymptomatic patients[6]. Conventionally, foreign bodies are removed by laparotomy.

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