



Impending Ileal Perforation Caused By Fish Bone Ingestion: A Rare Case Report

KEYWORDS

ileal perforation, fish bone, appendicitis

K.Vijay Babu

Arun Rathi

Department of General Surgery, ESIC Medical College Hospital, Hyderabad, Telangana, India

Department of General Surgery, ESIC Medical College Hospital, Hyderabad, Telangana, India

ABSTRACT Appendectomy is a commonly done procedure in the emergency department. Foreign bodies like fish bone when ingested can mimic acute appendicitis, with varied intra operative findings. A case of ileal perforation due to fish bone treated surgically is reported. Diagnostic Laparoscopy should be the preferred approach in order to avoid missing such cases

Introduction:

Fish bone is frequently ingested even by adults and it seems a routine phenomenon. Although most of them pass without complication, some present with acute abdomen. We report a case of a 36 year old man with impending ileal perforation caused by fish bone, which was incidentally found during appendectomy.

Case Report: A 36 year old man attended the emergency department with pain in right iliac fossa since 2 days associated with low grade fever. He had no complaints of nausea or vomiting. On examination, he had localized tenderness in right iliac fossa with rovsing sign positive. His white blood cell count was elevated to 12,000mm³. Ultra-sound scan of abdomen suggested only probe tenderness. Appendicitis was suspected and Mcburney's incision given and explored. On finding the appendix normal, small bowel was explored which revealed impending ileal perforation at about 10 cm from ileocaecal junction surrounded by flakes. (Fig1) only 0.3cm of the 2.5cm fish bone was seen protruding out. (fig2). The perforation was repaired and specimen sent for confirmation. Patient was discharged well three days post-operatively.

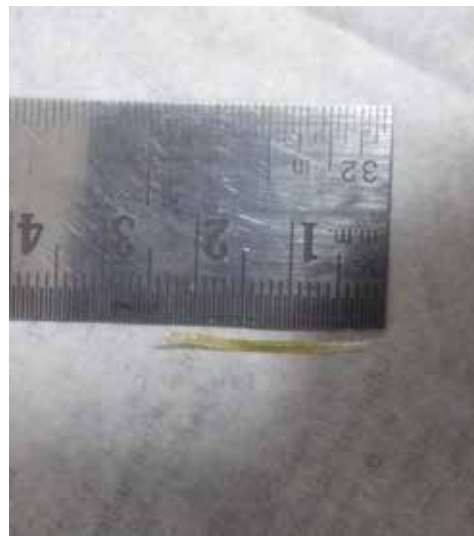


Fig.2 bile stained fish bone about 2.5cm

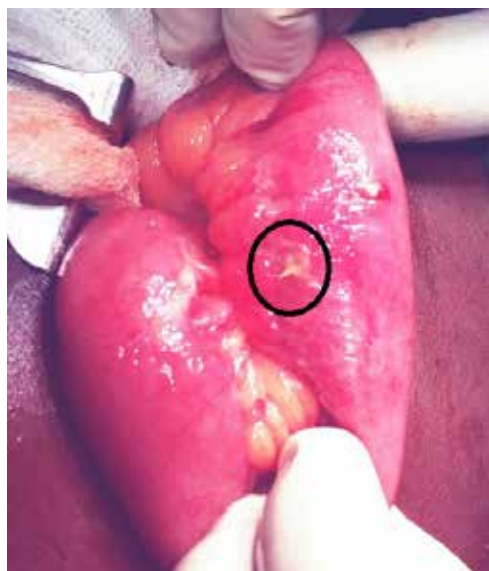


Fig.1 impending ileal perforation with protruding fish bone

Discussion :

Ingestion of fish bone is very common and often goes unnoticed. Less than 1% of ingested foreign bodies may cause bowel perforation or erosion into adjacent organs (liver abscess)¹, especially those that are large and pointed.² Patients usually present with chronic pain abdomen, fever, and nausea-vomiting but not as gross peritonitis due to slow penetration through the bowel and progressive healing. Common sites of perforation being ileocaecal junction and flexures of the colon, as they are fixed to retroperitoneum.³ Imaging studies may not be valuable in the management, however CT scan may show extraluminal air in right lower quadrant of terminal ileum.⁴ History of ingestion of fish bone is not always attained and they may be diagnosed as acute appendicitis as in our case. Diagnostic laparoscopy should be preferred over Mcburney's incision in order to detect rare perforations at higher level.

Conclusion:

Complications of fish bone ingestion has wide variation in clinical presentation causing great morbidity. Laparoscopy would be the best approach to manage when available. Increased level of suspicion to look for small bowel in routine appendectomy should be practiced.

Reference:

1. Perera MT, Wijesuriya SRE, Kumarage Sk, Ariyaratne MHJ, Deen KI. Inflammatory pseudotumor of the liver caused by migrated fish bone. *Ceylon Med J.* 2007;52:141-2
2. Gracia C, Frey CF, Bodai BI. Diagnosis and management of ingested foreign bodies: a ten-year experience. *Ann Emerg Med.* 1984;13(1): 30-34.
3. Hewett PJ, Young JF. Toothpick injuries to the gastrointestinal tract. *Aust N Z J Surg.* 1991;61(1):35-37
4. Thomas Gadacz, *et al.* Laproscopic management of intestinal perforation by a fish bone, mimicking acute appendicitis.