Original Research Paper



General Surgery

FISH BONE INDUCED APPENDICULAR PERFORATION: CASE REPORT

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ABSTRACT Fish bones are common ingested object, most commonly causing perforation of the ileum, followed by the duodenal and colonic C-loop. A Fishbone foreign body in the appendix leading to appendicitis is very rare. Herein, we report a case of 36 year old man, who presented with acute abdominal pain. Computed tomography suggested as Acute appendicitis with appendicolith within the lumen. The patient underwent Open Appendicectomy there in he was found to have perforation at tip of appendix due to impaction of fish bone.

KEYWORDS: Fish bone, Appendix, Perforation

INTRODUCTION

Appendicitis due to foreign bodies is uncommon and may result from obstruction or perforation mechanism.

Fishbone ingestion is quite common. Most of the time, patients are asymptomatic and the fish bone exits the gastrointestinal tract spontaneously.

However, in some rare cases Fishbone foreign bodies in the appendix can lead to perforation of the appendix due to the reduced flexibility of the fishbone to accommodate changing intestinal motility patterns.

Case Presentation

A 36 year old man presented with acute abdominal pain since 2 days, associated with fever, nausea and 1 episode of vomiting.

On examination, Vitals were Pulse-100beats/min, BP-140/80mmHg, SpO2-94%, RR-28/min. Per abdomen examination revealed tenderness in right iliac fossa and no guarding.

Lab investigatory findings showed raised white cell count (>11,000/cmm). The Alvarado Score was 8/10.

Abdominal Ultrasonography showed features suggestive of Acute appendicitis with dilated small bowel loops and sluggish peristalsis. Computed tomography suggested as Acute appendicitis with appendicolith within the lumen.



Fig.1-CT s/o appendicitis with appendicolith within

Patient underwent Open appendicectomy (under Spinal anesthesia) and intra operative findings revealed perforation at tip of appendix initially thought because of thorn, patient was asked about his dietary intake in the past few days and he remembered he ate fish 3 days ago.

Appendix lumen was opened which revealed a single 1.5cm fish bone. Procedure was uneventful. Patient was discharged after 4 days.

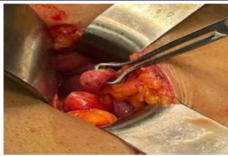


Fig. 2-IntraOp



Fig.3-Perforated Appendix



Fig.4-Fish Bone

DISCUSSION

Appendicitis is a common condition in daily clinical practice. Appendicitis due to foreign bodies is uncommon and may result from obstruction or perforation mechanism.

Once the foreign body is in the appendix, peristaltic movements are

often insufficient to expel it back into the cecal lumen. Usually objects with blunt edges will cause inflammation by blocking the lumen of the appendix, while sharp objects tend to cause inflammation by perforating the appendix wall, causing more serious complications such as appendiceal abscess, perforation of adjacent organs, and peritonitis. Foreign objects in the appendix have been reported in 0.005% to 0.113% of cases.

Laboratory assessments show classically elevated inflammatory markers. Abdominal radiography is not reliable in finding the fish bone. The plain radiography has a sensitivity of only 32% of detecting fish bones according to several studies. CT scan remains the means of choice in finding ingested foreign objects.

CONCLUSION

Fish bone induced perforated appendix is an exceptionally rare condition. This case highlights the importance of thorough dietary history taking, right laboratory and radiological investigations leading to early diagnosis and appropriate management.

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