

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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