ORIGINAL RESEARCH PAPER
Volume - 13 | Issue - 04 | April - 2024 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

FISH BONE IN PERITONEAL CAVITY !!!!!! A RARE CASE REPORT

General Surgery

Dr. P. Subash Chandra	Assistant Professor, Dept Of General Surgery, Gems Medical College, Srikakulam
Dr. Ashok Reddy	Professor, Dept Of General Surgery, Gems Medical College, Srikakulam
Dr. B. L. S. Praneeth	2nd Year Post Graduate, Dept Of General Surgery, Gems Medical College, Srikakulam
Dr. K. Vinod Kumar*	Senior Resident, General Surgery, Gems, Srikakulam *Corresponding Author

ABSTRACT

The ingestion of foreign bodies results in gastrointestinal perforation in about 1% of patients. Fish bones are the most commonly seen leading to bowel perforation. The accidental ingestion of fish bones may sometimes lead to penetration injuries in bowel with complicating abscess formation. Fish bones are usually not visible on plain films. A computed tomography scan of the abdomen is used to determine the cause of unexplained and persistent abdominal pain. If encapsulated abscess formation cannot be resolved by CT-guided drainage, surgical intervention should proceed to prevent profound sepsis. We present the case of a 73 year old man who had right lower abdominal pain. CT showed a focal low density collection of volume 50cc with internal air foci, internal 19mm hyperdense linear foreign body surrounding fat stranding and omental wrapping in the right iliac fossa. An intra-abdominal abscess was diagnosed and after surgical intervention, a foreignbody, which proved to be a fish bone, was removed. The man could not remember swallowing this bone.

KEYWORDS

Fish Bone, Foreign Body In Peritoneal Cavity

INTRODUCTION

Fish bone is one of the most common accidentally ingested foreign bodies, and patients commonly present with nonspecific symptoms. Most of them are asymptomatic and exit threough gastrointestinal tract spontaneously. However, fish bones can get impacted in any part of the aerodigestive tract and cause symptoms. Occasionally, they are asymptomatic initially after ingestion and may present remotely at a later date with complications such as gastrointestinal tract perforation, obstruction, and abscess formation. Only 1% of the cases will develop a perforation of the GI tract requiring surgical intervention.

Case Report-

A 73 Year old male patient R.MOKALINGAM, resident of NANDIGAM, farmer by occupation, referred to general surgery from nephrology dept i/v/o abdominal pain since 2 days.

Patient was apparently normal 2 days back then he presented with diffuse abdominal pain more towards right loin, insidious in onset, gradually progressive, non radiating, with no aggrevating and relieving factors, not passing stools since 2 days,h/o fever present since 2 days,No h/o vomitings, No h/o difficulty in micturition, No h/o trauma, No previous surgical history

Patient was a known case of CKD and on regular medication.Patient has a h/o ISCHEMIC CARDIOMYOPATHY for which patient is on ecospirin 75mg and acitrom 1mg since 2 months.

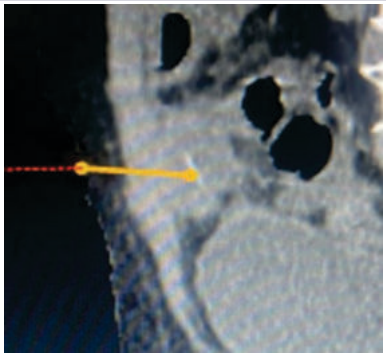
On examination no abnormal inspectory findings noted.On palpation LOCAL RAISE OF TEMPERATURE PRESENT @ RT ILIAC REGION, TENDERNESS PRESENT OVER RT ILIAC REGION. Guarding present and no rigidity. On percussion dull note heardover rt iliac and supra pubic region.

USG abdomen showed -A thin linear hyperechoic structure of length 2.9 cm noted within the lesion craniocaudally.

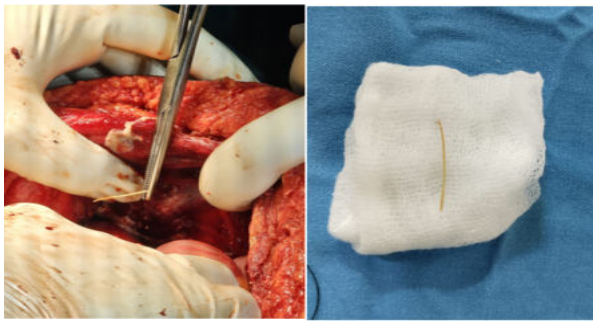
Ct abdomen showed -I/F/S/O Mass Formation With Inflammatory Collection And Surrounding Adhesions – Likely Sec To Foreign Body Granuloma Formation And Early Peritonitis.

Intra Operative Findings-

- 20 ML PUS DRAINED FROM RIGHT ILIAC REGION between peritoneum and rt posterior rectus muscle
- A LINEAR FOREIGN BODY (FISH BONE) identified piercing posterior rectus muscle.



Patient planned for exploratory laparotomy under GA.



- Surrounding rectus muscle necrosed.
- FOREIGN BODY REMOVED ANDNECROTIC MUSCLE EXCISED
- BOWEL RUN DONE WHICH SHOWED MESENTRY TEAR WITH INFLAMMED BOWEL AT TERMINAL ILEUM AND ILEO COLIC JUNCTION
- RECTUS MUSCLE REPAIRED AND SUTURED MIDLINE AND SKIN CLOSED.

Post operative diagnosis - FISH BONE GRANULOMA FORMING INTRAABDOMINAL ABSCESS.

DISCUSSION

Unintentional ingestion of fish bones is a common but frequently unrecognized occurrence. Most ingested fish bones pass through the

gastrointestinal tract without complications, but approximately 1% may perforate and cause acute abdomen, peritonitis or abscesses, requiring emergent surgery. The most commonly affected segments are those with abrupt angulations and caliber transitions, such as the pyloric region, ileum, ileocecal junction and rectosigmoid colon. The stomach is a rare for perforation, usually observed in the lesser curvature.

Clinical presentation is non-specific and computed tomography is essential to confirm the diagnosis and guide the surgery.Free intraperitoneal gas may not always be present because the perforation is caused by progressive erosion of the wall, covered by inflammatory tissue, fibrin and omentum, limiting the amount of free air.

Poor dentition,using anticoagulants and poor nutrition of the patient are also risk factors which caused fish bone ingestion and perforation as seen in this case scenario. Patient mentioned about frequently having fish in his diet .

CONCLUSION

Fish bone perforation is a clinical and radiological challenging diagnosis that should be considered in differential diagnosis of acute abdomen, especially in high-risk patients.

The non-specific spectrum of presentations and unawareness of episode of ingestion may delay the clinical diagnosis and mimic other entities, such as ruptured gastric ulcer, appendicitis or diverticulitis. CT is the method of choice to confirm the diagnosis and also to exclude other causes of acute abdomen.If diagnosed with a foreign body immediate exploration should be done.

REFERENCES

1. Leong HK, Chan RK. Foreign bodies in the upper digestive tract. *Singapore Med J.* 1987;28:162–165. [PubMed] [Google Scholar]
2. Young CA, Menias CO, Bhalla S, Prasad SR. CT features of esophageal emergencies. *Radiographics*. 2008;28:1541–1553. http://dx.doi.org/10.1148/rg.286085520. [PubMed] [Google Scholar]
3. Goh BK, Tan YM, Lin SE, how PK, Cheah FK, Ooi LL. CT in the preoperative diagnosis of fish bone perforation of the gastrointestinal tract. *AJR Am J Roentgenol.* 2006; 187:710–714. http://dx.doi.org/10.2214/AJR.05.0178. [PubMed] [Google Scholar]
4. Foo TH. Migratory fish bone in the thyroid gland. *Singapore Med J.* 1993;34:142–144. [PubMed] [Google Scholar]
5. Venkatesh S.H., Venkatanarasimha Karaddi N.K. CT findings of accidental fish bone ingestion and its complications. *Diagn. Interv. Radiol.* 2016 Mar-Apr;22(2):156–160. doi: 10.5152/dir.2015.15187. PMID: 26714057; PMCID: PMC4790067. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
6. Song J., Yang W., Zhu Y., Fang Y., Qiu J., Qiu J., Lin L., Wu W., Lin C., Wang Y. Ingested a fish bone-induced ileal perforation: a case report. *Medicine (Baltim.)* 2020 Apr;99(15) doi: 10.1097/MD.0000000000019508. PMID: 32282701; PMCID: PMC7440113. [PMC free article] [PubMed] [CrossRef] [Google Scholar]