ORIGINAL RESEARCH PAPER

General Surgery

GASTRIC PERFORATION DUE TO FOREIGN BODY INGESTION IN A MENTALLY RETARDED PATIENT

KEY WORDS: Foreign body, esophagus, Psychiatric illness,Endoscopy

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ABSTRACT

Although most ingested foreign bodies pass through the gastrointestinal tract without consequences within one week This is an unusual case of a foreign body ingestion causing Gastric peroration which finally required surgical intervention. Foreign bodies located in the esophagus or stomach are preferentially removed endoscopically, whereas those located in the small intestine are surgically treated with segmental resection of the affected loop . ThoseThat are most susceptible to foreign body ingestion include the elderly, denture wearers, alcoholics, and psychiatric patients.

INTRODUCTION

* Accidental Ingestion of a foreign body together with food Is a common clinical problem at emergency care facilities Although most ingested foreign bodies pass through the gastrointestinal tract without consequences within one week in up to 1% of cases perforation occurs at some point in the gastrointestinal tract.

(2).Unintentional Foreign body ingestion commonly occurs accidentally in children and at advanced ages or results from psychiatric disorders in patients with mental retardation.

Perforation of the gastrointestinal tract is more common it the foreign body is elongated and sharp, like a fish bone, chicken bone, or toothpick, and occurs mainly in the small intestine, at points of physiological angulation or narrowing.

(3)The clinIcal presentation is varied and often poses a diagnostic challenge. Patients generally do not report the ingestion of a foreign body, which delays the diagnosis and creates confusion with other diagnostic possibilities.

This is an unusual case of a foreign body ingestion causing Gastric peroration which finally required surgical intervention.

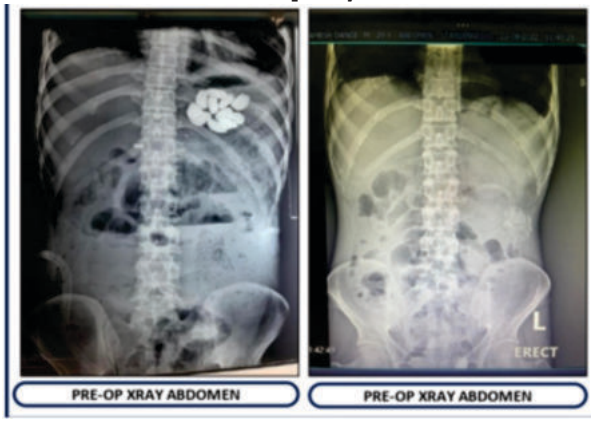
Case Report

Q A 29 year old male came to the emergency department of SMIMER Hospital with the complaints of generalised abdominal pain and vomiting since 2 days. The patient is mentally retarded with delayed developmental milestones since birth.

On general examination, tachycardia present with pulse rate of120 heats/min on per abdomen examination.abdominal distension and tenderness over the epigastric and Periumbilical regions. On auscultation bowel sounds were absent.

US A+P reported significant peritoneal collection with excessive gases filled distended bowel loops. free peritoneal gaseous shadow seen which is suggestive of bowel perforation. CT A+P showed clusters of well defined hyper dense foreign bodies seen along the dependent portions of stomach which changes position in right lateral scan so foreign bodies within the stomach. Jejunal loops appear dilated 4.8 cm. the other jejunal loops has diameter of 3.7 to 3.9 cm.

© The patient's general condition started deteriorating and the patient was taken for emergency exploratory laparotomy wherein an anterior peptic perforation of around 1.5 x 1.5 cm was found and repaired using Graham's mental patch and stones were removed endoscopically.



DISCUSSION

- In general, patients with intestinal perforation by an ingested foreign body present to emergency facilities with acute abdomen, which can include abdominal pain, nausea, vomiting, fever, peritonitis, abscess, Fistula. Intestinal obstruction. and gastro intestinal bleeding.
- Foreign body ingestion generally remains undiagnosed as patients are usually asymptomatic. 80%-90% of FBs in the gastrointestinal (GI) tract are passed spontaneously without complications, 10%-20% are removed endoscopically, and 1% require open surgery secondary to complications. Patients typically do not report the ingestion of a foreign body, which, together with a clinical profile that is often confusing, can complicate and delay the diagnosis. ThoseThat are most susceptible to foreign body ingestion include the elderly, denture wearers, alcoholics, and psychiatric patients.

Ingested foreign bodies are rarely detected on routine X-rays,

because they usually have small dimensions and low radiopacity. as well as because they are often obscured by intestinal gas

The treatment strategy depends on the location of foreign body in the digestive tract and the presence or absence o complications such as perforation, haemorrhage, and obstruction. Foreign bodies located in the esophagus or stomach are preferentially removed endoscopically, whereas those located in the small intestine are surgically treated with segmental resection of the affected loop.

CONCLUSIONS

Perforation is an uncommon event but is an acute abdominal surgical emergency. Over the past decades the prognosis of patients with gastric perforation has significantly improved. But delays in diagnosis and treatment can still lead to death.

O Mentally retarded patients should be kept under close surveillance by surgeons and psychiatrists due to their tendency to ingest foreign bodies. Following the completion of their surgical treatment. these patients should also be evaluated tor the mental problems that may lead to repeated foreign body ingestion.

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