

ANSWER TO PHOTO QUIZ (PAGE 92)

AN UNUSUAL CAUSE OF CHRONIC ABDOMINAL SYMPTOMS

DIAGNOSIS

Abdominal CT showed extensive diverticulosis and a linear foreign body lodged in the wall of the sigmoid colon, with wall thickening and local infiltration. The foreign body, a chicken bone, was removed by endoscopy. The patient made a full recovery.

Foreign body ingestion (FBI) is common,¹ and 80% of ingested foreign bodies pass through the gastrointestinal tract without complications.² However, these can cause obstruction, perforation or haemorrhage, or fistula formation. Perforation is experienced by only 1% of patients.³ This is usually the result of a sharp object, such as a chicken or fish bone. Perforation usually occurs at the ileocecal junction or in the sigmoid colon.²

Most patients do not provide a history of FBI. It is more common in children, the elderly, alcoholics and the mentally handicapped.¹ Risk factors for FBI include the presence of dentures or sensory defects. Previous gastrointestinal surgery and diverticulosis are the most important risk factors for complications following ingestion.²

Patients presenting with an acute abdomen may undergo emergency surgery, usually due to a high suspicion of, for instance, appendicitis. As our patient presented with a two-month history of abdominal pain, an altered defecation pattern and weight loss, FBI was not

immediately suspected. We reviewed the earlier performed abdominal CT; in retrospect, the foreign body was present. We therefore posited that the chicken bone had been lodged in the intestinal wall for a longer period.³

Plain radiographs can suggest a foreign body; however, CT scans are more informative.⁴ Once the foreign body has passed through the stomach, asymptomatic patients can safely be observed, as 80% of foreign bodies will then pass without further complications.²

When peritonitis following perforation is caused by a foreign body, an exploratory laparotomy may be performed. Our patient was not diagnosed with peritonitis, nor with perforation by a foreign body. He did not present with an acute abdomen, but rather with chronic, recurrent abdominal pain, a change in defecation pattern, and weight loss.

REFERENCES

1. Kibrell FT Jr, Tepas JJ 3d, Mullen JT. Chicken bone perforation of the sigmoid colon: A report of three cases. *Am Surg.* 1975;41:814-7.
2. Cleator IG, Christie J. An unusual case of swallowed dental plate and perforation of the sigmoid colon. *Br J Surg.* 1973;60:163-5.
3. Goh BK, Chow PK, Wuah HM, Ong HS, Eu KW, Ooi LL, Wong WK: perforation of the gastrointestinal tract secondary to ingestion of foreign bodies. *World J Surg.* 2006;30:372-7.
4. Webb WA. Management of foreign bodies of the upper gastrointestinal tract: update. *Gastrointest Endosc.* 1995;41:39-51.