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A foreign body in the small bowel: a rare entity of acute abdomen

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Key words: Foreign body. Acute abdomen. Impactation.

Dear Editor,

A 73-year-old male with no significant history presented to the Emergency Department due to severe pain over the last few hours in the hypogastrium and both iliac fossae. On admission, he had pain on deep palpation in the lower hemi-abdomen and laboratory tests identified leukocytosis with neutrophilia and an elevated C-reactive protein at 81.57 mg/l. An abdominal ultrasound was performed that showed parietal thickening of a pelvic ileal loop. The symptoms improved with a conservative treatment of a liquid diet, fluid therapy, analgesia and intravenous antibiotic therapy.

Abdominal computed tomography identified a linear image of about 16 mm in length and hyperdense in the pelvic ileum loop, which was compatible with a fishbone. There was also parietal thickening and an adjacent 2 cm collection, which was compatible with a small abscess (Fig. 1). The patient was questioned and reported that he had eaten cod prior to the episode. The patient was referred to the Surgery Department for intervention and a midline laparotomy with resection of the affected segment and end-to-end anastomosis was performed.

Discussion

Eighty to ninety per cent of foreign bodies spontaneously transit the gastrointestinal tract without causing an associated pathology (1). However, the ileum and rectosigma are risk areas for impaction and perforation due to their caliber and angulation, especially in areas of a stenosis, previous surgery (2) or congenital malformation, as in the case described by Fonseca Sosa FK et al. (3) that was recently published in this journal. Complications such as acute abdomen secondary to perforation occur only in 1% of cases, but can lead to a fatal outcome and account for 1,500 deaths per year in the USA due to the ingestion of foreign bodies (4).

A high index of suspicion allows an early diagnosis, which reduces complications (5) and therefore, this possibility must be considered in a case of an unclarified acute abdomen.

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Fig. 1. Linear hyperdense image of 16 mm length in the pelvic ileum loop that was compatible with a fishbone, with parietal thickening of the loop.