

**Title:**

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## Surprises in cecal intubation: foreign bodies in the colon

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### CLINICAL CASE

We present the case of a 70-year-old man who came for colonoscopy on an outpatient basis after being admitted months earlier for a subocclusive condition that was resolved through conservative treatment.

His medical background includes a laparotomy in 1979 due to a duodenal ulcer as well as a subsequent intervention to release adhesions.

Cecal intubation was achieved with difficulty due to the patient's adhesive syndrome. Once we reached the cecal fundus, we observed an elongated metallic object, with a length of about 2 cm, which we extracted by means of a polypectomy snare.

When the patient was questioned again after the colonoscopy, he mentioned that two weeks before he had undergone maxillofacial surgery for dental implants and that he had had the sensation of swallowing a foreign body without any subsequent clinical consequences.

### DISCUSSION

Foreign body ingestion is the second leading cause of endoscopic emergencies in adults in our hospitals, with dental prostheses being one of the most frequent foreign bodies (1). The risk varies considerably depending on the characteristics of said objects and where they are lodged. However, we should never trivialize the situation, since it is mandatory to consider the risk of perforation or, less frequently, of obstruction or haemorrhage (2). According to clinical guidelines, blunt foreign bodies with an elongated shape, smaller than 5 cm can be treated conservatively. These general rules do not apply to patients with known pathology which may make the expulsion of the foreign body more difficult (3,4).

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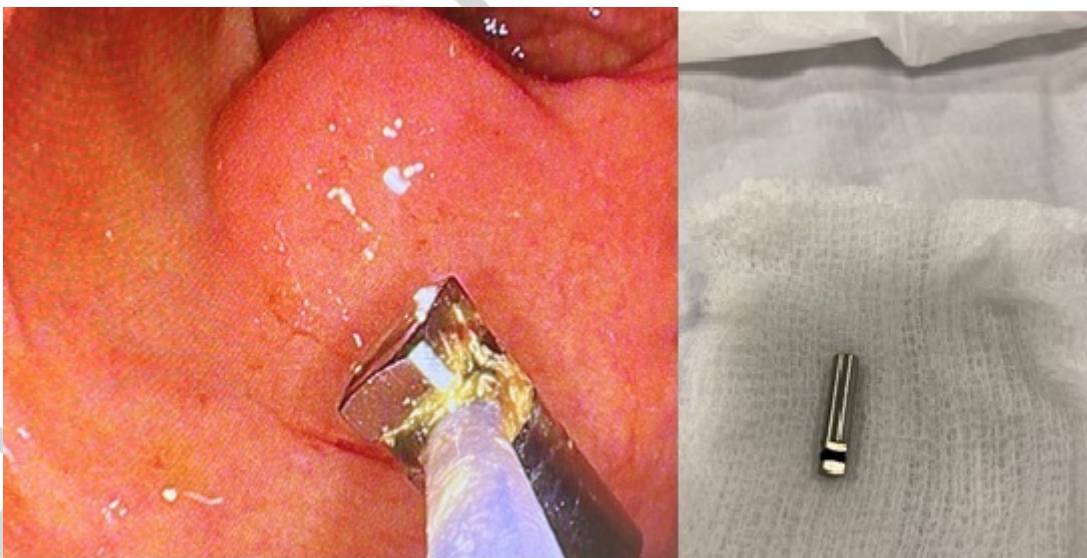


Figure 1.