

**Title:**

**Multiple bezoars causing small bowel obstruction: a unique case of resolution with upper and low GI endoscopy**

**Authors:**

Mariana Brito, Irina Mocanu, Ana Nunes, Jorge Fonseca

DOI: 10.17235/reed.2021.8459/2021

Link: [PubMed \(Epub ahead of print\)](#)

**Please cite this article as:**

Brito Mariana, Mocanu Irina, Nunes Ana, Fonseca Jorge. Multiple bezoars causing small bowel obstruction: a unique case of resolution with upper and low GI endoscopy. Rev Esp Enferm Dig 2021. doi: 10.17235/reed.2021.8459/2021.

*This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.*

**Multiple bezoars causing small bowel obstruction: a unique case of resolution with upper and low GI endoscopy**

Mariana Brito

- (1) Gastroenterology Department, Hospital Garcia de Orta, Almada, Portugal
- (2) PaMNEC - Grupo de Patologia Médica, Nutrição e Exercício Clínico, CiiEM, Centro de investigação interdisciplinar Egas Moniz, Monte da Caparica, Portugal

Irina Mocanu

- (1) Gastroenterology Department, Hospital Garcia de Orta, Almada, Portugal

Ana Nunes

- (1) Gastroenterology Department, Hospital Garcia de Orta, Almada, Portugal

Jorge Fonseca

- (1) Gastroenterology Department, Hospital Garcia de Orta, Almada, Portugal
- (2) PaMNEC - Grupo de Patologia Médica, Nutrição e Exercício Clínico, CiiEM, Centro de investigação interdisciplinar Egas Moniz, Monte da Caparica, Portugal

**Corresponding Author:**

Mariana da Silva Braga Pedreira de Brito  
Gastroenterology Department, Hospital Garcia de Orta  
Av. Torrado da Silva, 2805-267 Almada, Portugal.  
E-mail: marianasbrito076@gmail.com

**Key-words:** Bezoar. Small bowel obstruction. Foreign body. Endoscopy.

**Statements:**

**State of ethics:** The authors have no ethical conflicts to disclosure.

**Disclosure statement:** The authors have no conflicts of interest to declare.

**Funding sources:** The authors have no funding sources regarding the present manuscript.

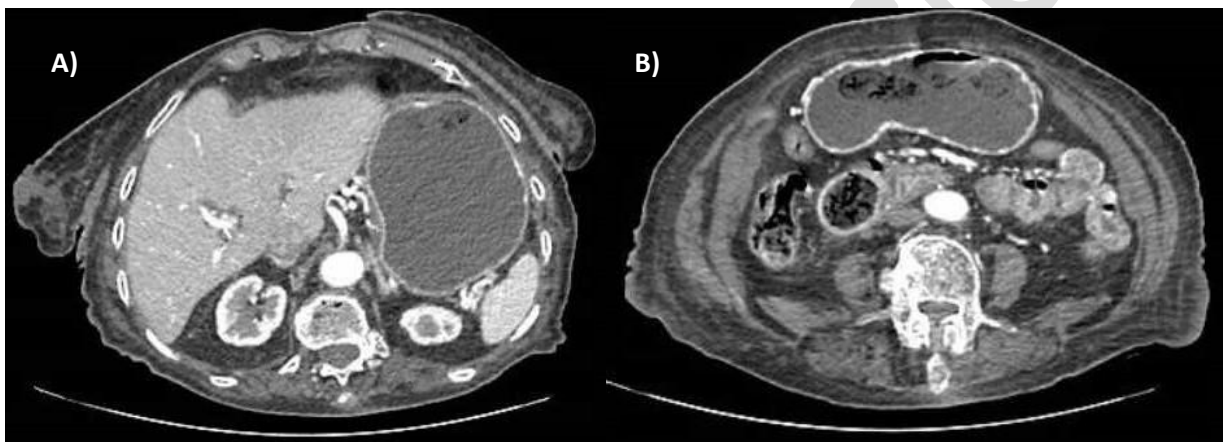
**Author contributions:** Mariana Brito wrote the manuscript. Mariana Brito, Irina Mocanu and Ana Nunes were involved in the case management. Jorge Fonseca supervised and reviewed the manuscript.

## **Case report**

Reports of obstructing foreign bodies in the small bowel are rare and the majority describe surgical resolution(1–3). We report a case of successful endoscopic treatment of small bowel obstruction (SBO) caused by multiple bezoars. A 92-year-old woman presented to the emergency department with a history of persistent vomiting. Computed tomography (CT) showed gastric distension and an intraluminal ovaloid foreign body with heterogenous density in the second portion of the duodenum, suggestive of bezoar (Figure 1). The esophagogastroduodenoscopy (EGD) revealed multiple whole figs obstructing the duodenum. The figs were removed with snare and RothNet® (Figure 2). The patient was admitted to surgical ward for clinical observation due to duodenal wall friability, noted on EGD. Three days later, the patient maintained abdominal distension and vomiting. Repeated abdominal CT showed diffuse dilation of the small bowel and decompressed colon. There was no clear image of obstructing foreign body in the transition point of the distal ileum. Given the patient's age, a conservative approach was preferred. Lower endoscopy with enema preparation identified a 5cm whole fig obstructing the lumen of the terminal ileum, with circumferential mucosal ulceration at this site (Figure 3a). The fig was extracted intact into the colon using a large snare and then removed in fragments (Figure 3b) without complications. The patient was discharged two days later. This is a unique case of double SBO (duodenum and terminal ileum), successfully treated endoscopically, emphasizing the potential role of endoscopy in the management of SBO in poor surgical candidates.

## **REFERENCES**

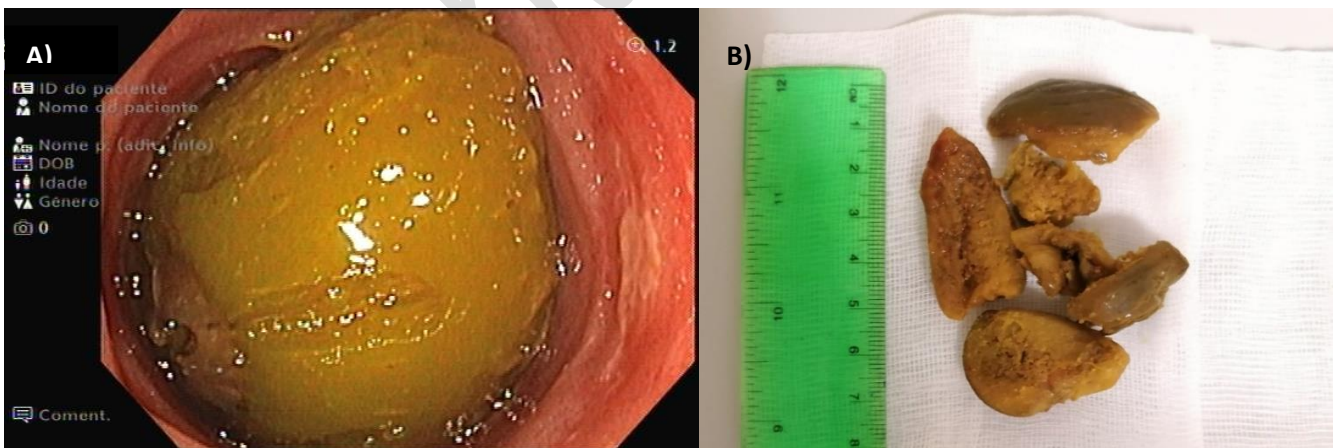
1. Syed AS, Bonte A, Allaham LA, et al. Peach pit impaction presenting as gallstone ileus. *BMJ Case Reports*. 2020;13(7).
2. Anantha Sathyanarayana S, Deutsch GB, Friedman B. An Interesting Cause of Mechanical Small Bowel Obstruction. *Indian Journal of Surgery*. 2015;77.
3. Crain MA, Lakhani DA, Kuhnlein R, et al. Small bowel obstruction from hollow foreign body ingestion: A case report and brief review of literature. *Radiology Case Reports*. 2021;16(7).



**Figure 1.** Abdominal computed tomography. A) gastric distension. B) ovaloid intraluminal foreign body with heterogenous density in the second portion of the duodenum.



**Figure 2.** Multiple figs removed endoscopically from the duodenum.



**Figure 3.** A) Endoscopic image of whole 5cm fig impacted in the terminal ileum and circumferential mucosal ulceration. B) Fig fragments retrieved from the terminal ileum by colonoscopy.