

**Title:**

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## Foreign body impaction between diverticula: an uncommon cause of chronic abdominal pain

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*Dear Editor,*

A female in her 70s with a medical history of hypertension and dyslipidemia was admitted for a colonoscopy due to long-term abdominal pain. During the procedure, a sharp cylindrical foreign body was identified in the sigmoid colon, imprisoned in two diametrically opposite diverticular orifices, with purulent drainage and exuberant reactive inflammatory tissue in each diverticulum (Fig. 1A). Careful mobilization from both diverticular orifices into the colon lumen and safe removal were performed using rat tooth forceps, without interurrences (Fig. 1B and C). The removed foreign body was a chicken bone about 3 cm in size (Fig. 1D). The plain abdominal X-ray showed no evidence of pneumoperitoneum. Empirical antibiotic therapy was started with complete resolution of abdominal pain during follow-up.

### Discussion

Most foreign bodies lodged in the colon are treated conservatively as they typically pass without intervention. However, they can cause damage to the colonic mucosa

and lead to perforation or infections (namely peritonitis, peritoneal abscesses, and fistulas) (1). International guidelines are unclear regarding the endoscopic management of lower gastrointestinal foreign bodies (2). The endoscopic approach has proved to be an effective strategy for the removal of colonic foreign bodies, even in the presence of complex diverticular disease (1,3).

This case report represents a successful endoscopic retrieval of a long-term symptomatic colonic foreign body that prevented additional damage and eventual complications, avoiding surgery with significant morbidity and mortality.

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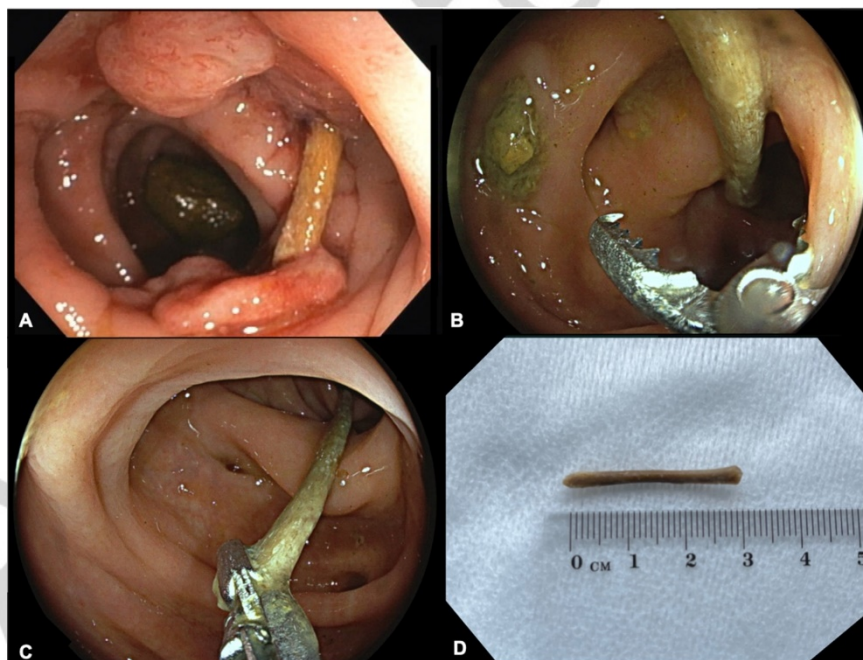


Fig. 1. A. Foreign body imprisoned in the sigmoid colon. B and C. Mobilization and removal of the foreign body using rat tooth forceps. D. The removed foreign body was a chicken bone about 3 cm in size.

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