IMAGES IN EMERGENCY MEDICINE

Foreign body in the upper gastrointestinal tract: report of an unusual case of injury

Ingestion of foreign bodies is a frequent cause of admission to accident and emergency departments, and a common challenge for both care givers and patients. Most cases include either accidental swallowing of foreign bodies by children or purposeful ingestion of foreign bodies by adults.

This is an anecdotal case report of a 35-year-old man, an injecting drug user, who purposefully swallowed a small hunting knife, while being arrested by the police, in an attempt to seek medical care and escape. A plain radiograph of the abdomen showed the foreign body in the stomach (fig 1). Flexible oesophagogastroduodenoscopy was performed, but was unsuccessful because the foreign body was too large to be retrieved. A midline-incision laparotomy was performed and the 7-cm knife was successfully removed from the stomach. The patient's postoperative recovery was uneventful.

This case illustrates one of the wide range of purposefully or accidentally swallowed foreign bodies in the upper gastrointestinal tract. Purposeful or accidental swallowing of small or larger foreign bodies occurs in adults who have bulimia, have a suicidal tendency, are dependent on alcohol or are mentally disordered.¹ In cases of multiple, sharper, larger, pointed and toxic (eg, batteries) foreign bodies or failed oesophagogastroduodenoscopy, emergency surgical intervention is required (1% of all cases). Urgent laparotomy is indicated because the risk of perforation is higher (15–35%) if the foreign body crosses the stomach and unpredictable migrations occur. Nevertheless, the most effective management of incidents caused by swallowing of foreign bodies is their prevention.

Figure 1 Abdominal x ray showing a hunting knife in the stomach.

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Reference

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