CLINICAL SNAPSHOT

Adhesions and Abdominal Pain: Ileal Perforation by a Sharp Ingested Foreign Body With Mechanical Erosion at the Base of the Appendix

A 56-year old man presented to the emergency department with a 2-day history of lower abdominal pain. Clinical examination revealed pressure sensitivity in the right lower abdomen with local peritonism. Laboratory analysis showed a normal leukocyte count of 8790/ μ L but CRP elevation to 5.7 mg/dL. Sonography showed no clearly pathological findings. Subsequent computed tomography (CT) showed a radiodense structure (arrow). Urgent laparoscopic intervention was converted to longitudinal lower abdominal laparotomy owing to extensive adhesions. The intestinal perforation was located in the ileum, caused by a 3-cm-long fishbone; the base of the appendix was involved. After removal of the bone, the perforation was repaired and the appendix resected. The patient recovered quickly and was discharged 5 days after surgery. He must have accidentally swallowed the bone while eating a carp 3 days previously. Complications are described in only 1% of ingested foreign bodies, but for sharp objects the rate rises to 35%.

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Figure: Frontal reconstruction of the contrast-enhanced abdominal CT shows a longitudinal radiodense foreign body in the right lower abdomen. This object extends beyond the bowel wall with projection of the point towards the cecum. In this area there is an inflammatory wall reaction in the pericecal fatty tissue close to the base of the appendix corresponding to the tubular structure seen on the initial sonogram.