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Case Report

Unusual Presentation of An Unusual Foreign Body in Gastrointestinal Tract of a 6-Year-Old Boy

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ABSTRACT

Foreign body ingestion may do not have any sign and symptoms and cause no complication [1]. In some cases, it can cause gastrointestinal bleeding, perforation or obstruction [1]. Many of foreign bodies can pass through gastrointestinal tract without any signs, symptoms and complications [2]. Foreign body is more common in male population and male to female ratio is reported nearly 1.5/1 in some investigations [3]. In this case presentation we will explain signs and symptoms of a 6-year-old boy who had swallowed a telescopic antenna when it was closed and it produced abdominal pain after opening in gastrointestinal tract due to peristaltic movement. Abdominal pain had been introduced in forward bending position. At the time of operation, we found a metal telescopic antenna in the duodenum which was removed by duodenotomy.

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Introduction

Foreign body ingestion is common in pediatric age group, old patients with dental problems, addict persons and psychologic patients [1]. Many of foreign bodies can pass through gastrointestinal tract without any signs, symptoms and complications [2]. Boluses of meat are common in adults who have clinical or subclinical esophageal stricture or ring and coins are common in children [3]. However, 80% to 90% of true ingested foreign bodies can pass through gastrointestinal tract without any problems, 10% to 20% of them need medical intervention for removal [4]. Most serious problems are due to sharp and long objects, batteries and magnets [4].

In this case presentation we will explain signs and symptoms of a 6-year-old boy who had swallowed a telescopic antenna when it was closed and it produced abdominal pain after opening in gastrointestinal tract due to peristaltic movement. Abdominal pain had been introduced in forward bending position.

Case Presentation

A 6-year-old boy was referred to emergency ward due to abdominal pain which was introduced since 2 months ago. Abdominal pain was introduced in forward bending position and was disappeared in upright position. He had no signs and symptoms in upright or supine position. The patient had neither complain of vomiting, nausea, obstipation, constipation, diarrhea nor any other gastrointestinal problem. We did not find any acute abdominal signs like tenderness, rebound tenderness, abdominal distention, abdominal wall guarding and/or abdominal wall rigidity in physical examination when the child was in supine position. The boy felt extreme and vague abdominal pain in right upper quadrant of abdomen, when he was in forward bending position.

Laboratory findings were: CBC (WBC=6900, Hgb=12.3, PLT=183000), FBS=92, Na=145, K=3.5, Ca=9.3 and urine analysis was normal. We find a long metal bar lie an antenna in the right upper quadrant in plain abdomen X-Ray, which was confirmed in abdominal CT Scan and 3 dimensional evaluations of it (Figures 1 & 2). We found an antenna like metal rod as long as 4 spinal body in fluoroscopy before laparotomy

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(Figure 3). At the time of operation, we found a metal telescopic antenna in the duodenum which was removed by duodenotomy (Figure 4).



Figure 1: Abdominal X-Ray of the patient.

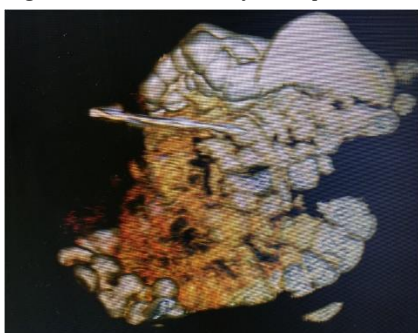


Figure 2: Three-dimensional scan of the patient.



Figure 3: Fluoroscopic evaluation of the patient in operating room.



Figure 4: Removed antenna from duodenum of the patient inside the scalpel handle.

Discussion

Foreign body ingestion may do not have any sign and symptoms and cause no complication [1]. In some cases, it can cause gastrointestinal bleeding, perforation or obstruction [1]. Foreign body ingestion is common in pediatric age group, old patients with dental problems, addict persons and psychologic patients [1]. perforation of gastrointestinal tract in adults is usually involuntary and due to dietary foreign bodies [2]. Many of foreign bodies can pass through gastrointestinal tract without any signs, symptoms and complications spontaneously [2, 5]. Foreign body is more common in male population and male to female ratio is reported nearly 1.5/1 in some investigations [3]. Boluses of meat are common in adults who have clinical or subclinical esophageal stricture or ring and coins are common in children [3]. Although many articles about foreign body ingestion are published yearly, our knowledge is based on case presentations [4]. Therefore, we decided to present this unusual presentation of an unusual foreign body in gastrointestinal tract of a 6-year-old boy. However, 80% to 90% of true ingested foreign bodies can pass through gastrointestinal tract without any problems, 10% to 20% of them need medical intervention for removal [4, 6].

Most serious problems are due to sharp and long objects, batteries and magnets [4]. foreign body ingestion scenario is wide spectrum from asymptomatic and negligible patient to a life threatening phase which dependent to the type of foreign body, the patient's condition, the site of impaction and the time of diagnosis and intervention [7]. In our case the appropriate diagnostic time and appropriate removal time could lead to good prognosis. Surgical removal of ingested foreign bodies is necessary when endoscopic removal is not possible in symptomatic patients [8]. In our cases endoscopic removal was not possible due to length and the site of entrapment of foreign body. Gastrointestinal perforation is a common cause of emergent laparotomy in patients and foreign body is a cause of gastrointestinal perforation from stomach to rectum [9]. Fortunately, this situation did not occur in our case due to correct diagnostic evaluation, however the vast majority of foreign bodies can pass without any perforation [10].

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