

PICTURES IN DIGESTIVE PATHOLOGY

Fishbone impaction in the colon

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CASE REPORT

A 32-year-old man presented to the Emergency Department with persistent abdominal pain of increasing intensity of a two-day duration and located in the left iliac fossa, with no fever. Laboratory tests showed slight leukocytosis and elevated reactive C-protein. The patient underwent an abdominal computed tomography (CT) scan which revealed the presence of a foreign body impacted in the rectosigmoid transition, without signs of perforation (Fig. 1). Therefore, a flexible sigmoidoscopy was performed, confirming the presence of a 4 cm foreign body compatible with a fishbone located 25 cm from the anal verge (Fig. 2). The fishbone was stuck at both ends into the colonic wall. However, its gentle endoscopic removal was possible using foreign body forceps and, subsequently, a snare, leaving a superficial laceration.

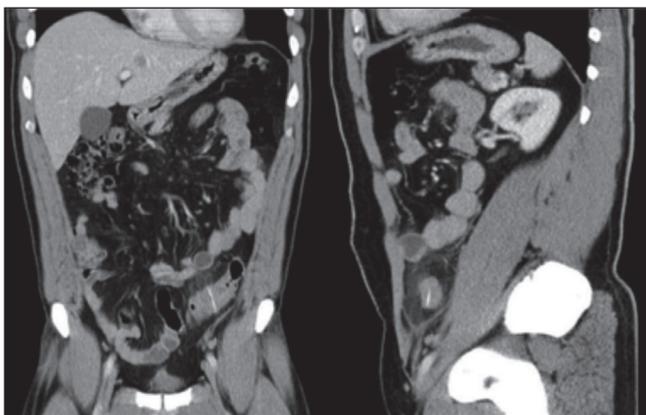


Fig. 1. Abdominal CT with an impacted fishbone in the sigmoid colon with discreet wall thickening but no signs of perforation.



Fig. 2. Endoscopy providing confirmation of a fishbone impaction which was removed using foreign body forceps and a snare.

DISCUSSION

Accidental ingestion of a foreign body is a relatively common and often unrecognized phenomenon (1). Large objects are usually retained within the esophagus or stomach, whereas smaller objects traverse the gastrointestinal tract within one week with uneventful consequences (2). Chicken bones and fish bones account for half of the reported perforations (3). Less than 1% of impactions/perforations occur beyond the esophagus (3). The rectosigmoid junction is the most common site of fishbone impaction in the large bowel, followed by the ileocecal valve (3). In most cases, this situation requires surgical intervention. Fortunately, in our case the patient presented at an early stage, allowing an uneventful endoscopic resolution.

REFERENCES

1. Chiu JJ, Chen TL, Zhan YL. Perforation of the transverse colon by a fish bone: A case report. *J Emerg Med* 2009;36(4):345-7. DOI: 10.1016/j.jemermed.2007.11.007
2. Okuma T, Nagamoto N, Tanaka E, et al. Repeated colon penetration by an ingested fish bone: Report of a case. *Surg Today* 2008;38(4):363-5. DOI: 10.1007/s00595-007-3629-y
3. Akhtar S, Mcelvanna N, Gardiner KR, et al. Bowel perforation caused by swallowed chicken bones: A case series. *Ulster Med J* 2007; 76(1):37-8.