

Case Report

An Extraordinary Swallowed Foreign Body: A Dessert Spoon in the Stomach

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ABSTRACT

Incidental ingestion of foreign body is a well-recognized problem worldwide particularly in the pediatric age group. A 21-year-old woman presented to the emergency room with history of ingestion of a spoon while she was eating. The patient was admitted and underwent a trial

of removal of the spoon using an upper gastrointestinal endoscopy, however, this was not successful. After two days the patient underwent a mini-laparotomy and extraction of the spoon. We believe this to be a very rare example of an ingested foreign body.

KEYWORD: dessert spoon, stomach, swallowed foreign body

INTRODUCTION

The majority of gastrointestinal foreign bodies occur due to accidental ingestion and about 80-90% of such foreign bodies can be expected to pass spontaneously through the alimentary canal. Others, however, may cause obstruction or perforation depending on their shape and size^[1,2]. Sharp or pointed objects are reported to perforate the gastrointestinal wall in 15-35% of cases^[2,3]. We report our case because we do not believe such a foreign body has recently been recorded. Our review of the literature between 1960 to 2000 using the Internet Medline (<http://www.medscape.com>) revealed only one case (reported in 1974). We present our case as the second to be reported.

CASE REPORT

A 21-year-old known epileptic patient presented to the emergency room with the history of swallowing a spoon while she was eating during an epileptic attack. There was throat pain, spitting streaks of blood, and epigastric pain. Her past medical history revealed a similar attack one year earlier when a swallowed teaspoon was removed via a gastroscope. She had undergone an appendectomy 15 years previously, and her upper incisor teeth were lost in an epileptic fit.

The patient looked ill. She was in pain but hemodynamically stable with a small laceration in her throat. Other systemic findings were unremarkable.

Examination revealed a soft, lax, abdomen with audible bowel sounds, mild tenderness in the epigastrium, and an old Lanz scar for the appendectomy. Her blood work was normal.

Abdominal X-ray showed a large spoon in the stomach (Fig. 1,2) which was confirmed by CT scan. The day after her admission, she was taken for an attempted endoscopic removal of the spoon, which was not successful. There was no evidence of esophageal laceration at the time. Two days later, the patient was again taken to the operating room and through a mini-laparotomy (4 cm incision) midway between the xiphisternum and umbilicus, a gastrostomy was performed and the spoon was removed with a subsequent uneventful recovery. The patient was referred to a psychiatrist and discharged home in a satisfactory condition with planned follow up in surgical and psychiatry outpatient clinics.

DISCUSSION

The ingestion of foreign bodies is common in the pediatric age group and is a recognized problem worldwide. The usual age range is from 5 months to 8 years, with a peak incidence between the first and third year of age^[4]. In adults, the usual patient is edentulous, has a psychiatric history, mental retardation or is a prison inmate^[2]. Overall, 80% of ingested foreign bodies will enter the gastrointestinal tract, whereas 20% will find their way into the upper respiratory tract^[5]. An appropriate history is usually available, which will alert the surgeon to the type of foreign body to be expected, as well as to the possible site of obstruction or other complications. Children most often ingest coins, toys, crayons, and caps of ball-point pens, whereas the most common swallowed object in adults are bones^[2]. Once it is known that a foreign body has previously been ingested,

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Fig. 1: Anterior-posterior erect abdominal X-ray showing the spoon



Fig. 2: Lateral erect abdominal X-ray showing the spoon



Fig. 3: Picture of CT scan

consideration should be given to the probability of a subsequent one^[2,6]. Recurrent episodes are especially common among prisoners, and psychiatric patients. Sharp objects that stay in the same location for more than 2 to 3 days^[2] or objects in the stomach that have not moved for more than 5 to 6 days^[7] are unlikely to pass spontaneously and should be removed either endoscopically or surgically^[2]. Up to 20% of gastrointestinal foreign bodies will need endoscopic removal and approximately 1% will require surgical intervention^[2]. Foreign bodies thicker than 2 cm and longer than 5 cm are unlikely to pass the pylorus spontaneously. Others, usually over 10 cm long, will usually fail to traverse the duodenal sweep^[2,8]. In our case, the length of the spoon was 17 cm and the width of the head was 4.5 cm. Usually endoscopic removal of such foreign bodies requires the expertise of a particularly skilled endoscopist as well as advanced equipment such as double-channel endoscopes, which are not generally available in most hospitals. Yong et al,^[9] described an endoscopic technique using a double-channel gastroscope and two wire-loop snares to remove a dinner fork from the stomach. On the other hand, Bakaleiuk^[10] has suggested that all sharp and pointed objects be removed by gastrostomy rather than to attempt endoscopic means. In our case, we attempted to follow the previous recommendations but because we do not have a double-channel gastroscope, our endoscopist was not able to remove the spoon.

CONCLUSION

Since the advanced endoscopic equipment is not available in most hospitals and there is a risk of perforation and impaction with endoscopic extraction techniques, it is preferable to deal with such a foreign body using a gastrostomy through a mini-laparotomy.

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