

Foreign bodies in the digestive tract: sometimes a tricky problem

Nita G.¹, Scalzone R¹, Grandinetti P¹, Zizzo M², Pedrazzoli C²

¹ General Surgery Department, Sant'Anna Hospital, Azienda Unità Sanitaria Locale-IRCCS di Reggio Emilia, Reggio Emilia, Italy.

² Oncological Surgery Unit, IRCCS Arcispedale Santa Maria Nuova, Azienda Unità Sanitaria Locale-IRCCS di Reggio Emilia, Reggio Emilia, Italy.

Introduction

The presence of foreign body in the digestive tract complicates classical courses of common surgical diseases. The incidental migration of dental prosthesis can complicate a chronic diverticulitis.

Materials and methods

A female patient with chronic psychiatric disorder, resident in a health-care structure, arrived at emergency department with septic symptoms (fever and unresponsiveness). Physical examination resulted unspecific. Blood samples were retrieved and imaging was carried out with conventional X-Ray and thoraco-abdominal CT-scan without injection (contrast is currently not performed during week-end in our hospital).

Results

Blood analyses confirmed a septic state (WBC 17.36 x1000/ μ l; CRP 24.18 mg/dL). The plain X-Ray of showed free air in the peritoneal cavity. Thoracic CT-scan excluded air in the mediastinum. Abdomino-pelvic slices outlined a free perforation next to a sigmoid tract affected by a serious diverticular disease, hosting at the same time a foreign body in the adjacent lumen. The patient underwent Hartmann's procedure and postoperative course was uneventful. Pathology demonstrated a full thickness perforation of the sigmoid tract which harboured the dental prosthesis and no signs of acute diverticulitis.

Discussion

Psychiatric conditions can challenge the diagnosis of organic disease thus promoting unusual clinical situations; in the present case, the ingestion of the dental prosthesis was unknown and the patient could not report the accidental event. In addition also diverticular disease wasn't previously investigated. These two elements may mislead diagnosis and treatment: perforation in diverticulitis do not require strictly surgery, whilst perforation by foreign bodies demand urgent laparotomy.

Conclusion

Explorative laparotomy is indicated when a foreign body migrates in the lower alimentary tract. The presence of foreign bodies may act as additional factor increasing the risk of perforation, and misleading the diagnosis can conduct to the failure of conservative treatment.