Eadible Foreign Body Causing Intestinal Perforation -- KMC, Katihar

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Abstract
Ingestion of foreign particle is a common phenomenon that we encounter in our day to day clinical practice. It is classified as either accidental or self administration or due to psychotic behavior. However most of the foreign bodies pass without causing any complications. Only about 1% is known to cause complications particularly hollow viscous perforation. Commonly ingested items that are encountered are coins, toy parts, spoons, spring coils, nails, fish bone batteries, dentures, hair, indigestible food particles. Endoscopy can be tried in cases of ingested foreign bodies for their removal which are present in stomach or duodenum. Intestinal obstruction and perforation require emergency exploratory laparotomy in these cases. In this report we present an unusual case who presented to emergency room with acute abdomen with multiple intestinal perforation that underwent exploratory laparotomy and it was found that the patient had ingested cinnamon of approx 4x2 cm with pointed edge along with the food that he ate in the afternoon.

Keywords: Foreign body, Peritonitis, laparotomy.

Introduction
Ingestion of foreign particle is a common phenomenon that we encounter in our day to day clinical practice. It is classified as either accidental or self administration or due to psychotic behavior. However most of the foreign bodies pass without causing any complications. Only about 1% is known to cause complications particularly hollow viscous perforation. Commonly ingested items that are encountered are coins, toy parts, spoons, spring coils, nails, fish bone batteries, dentures, hair, indigestible food particles. Endoscopy can be tried in cases of ingested foreign bodies for their removal which are present in stomach or duodenum. Intestinal obstruction and perforation require emergency exploratory laparotomy in these cases.²³ Endoscopy can be tried in cases of ingested foreign bodies for their removal which are present in stomach or duodenum. However cases of hollow viscous obstruction and perforation require exploratory laparotomy. In this report we are presenting an unusual case who presented to emergency room with acute abdomen with multiple intestinal perforation that underwent exploratory laparotomy and it was found that the patient had ingested cinnamon of approx 4x2 cm with pointed edge along with the food that he ate in the afternoon.
Case Report
A 30 year old male patient came to the casualty of Katihar medical college, Katihar, with the chief complaint of pain abdomen, distension with inability to pass flatus and stool since 4 days. The patient gave history that after having his lunch the patient went to bed and by evening he started having pain in the abdomen which was sudden in onset and progressive in nature. Pain did not subside on taking medication. The patient was referred to K.M.C., casualty. The patient had fever, vomiting, distension and severe pain. The vitals of the patient were unstable. Blood pressure was 90/60 mm of hg, pulse was 116 bpm and spo2 was 94% on room air. The patient was in the state of shock and dehydrated when examined. On per abdomen examination abdomen was distended, guarding, rigidity and tenderness was present with features of peritonitis. On percussion liver dullness was obliterated. Bowel sound was absent. Erect abdomen X-ray shows free gas under right dome of diaphragm. USG whole abdomen shows intra abdomen free fluid with no organomegally. Complete haemogram showed raised TLC (17400/ccmm) with slight deranged urea creatinine and electrolyte. Patient was initially resuscitated and was prepared for exploratory laparotomy. Under general anesthesia through mid line incision exploratory laparotomy was done. Abdomen was filled with approx 2 litres of faecal matter. It also revealed that there were multiple perforation in distal ileum(approx 1foot from ICJ). The site of perforation was opened and we found a pointed piece of cinnamon in the lumen which caused trauma to the distal ileum. The perforated part of the ileum was resected and double barrel ileostomy was done. The patient postoperative period was uneventful and was discharged with functional stoma after 15 days of surgery.

Fig 01
Fig 02
Fig 03
Fig 04
Discussion
Ingestion of foreign body is a common entity encountered in clinical practice, especially in children, geriatric population, and psychiatric patients due to hallucination. The ingested foreign bodies are generally passed through the bowel without causing any complications. However, this depends on the size and structure of the ingested object as well. Objects smaller than 6cm and thinner than 2cm were found to have complications very rarely. There have been reports of ingested food items retained in the body for a long time without yielding any complications or very delayed complications. In our patient, perforation was found within 4 days of ingestion of a food particle. Exploratory laparotomy forms the basis of treatment of complications of foreign body ingestion. Impacted foreign body can be best removed through endoscopy.

Conclusion
It is therefore very necessary that we should chew our food properly before engulfing the food and in case of psychiatric patients, we need to have close watch on them to prevent such incidences from occurring.

References
4. Schwartz’s principles of surgery.