

Endoscopic management of gastric perforation caused by a foreign body

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A 56-year-old female presented to the emergency department complaining of a 2-day history of epigastric pain and fever up to 38°C. Because of localized but not rebound tenderness in the epigastric region, as well as elevated C-reactive protein combined with leukocytosis, a computed tomography scan of the abdomen was performed and revealed the presence of a radiopaque foreign body in the gastric antrum, penetrating through the full thickness of the gastric wall with surrounding extra-luminal free air and liquid (Fig. 1 A,B).

During upper gastrointestinal endoscopy, a sharp elongated 4 cm long foreign body (chicken bone) was detected in the anterior wall of the prepyloric antrum, penetrating the gastric wall (Fig. 2A). The chicken bone was removed with a snare (Fig. 2C) and 3 metallic clips were placed at the point of perforation (Fig. 2B). The patient received wide-spectrum antibiotics and was discharged after 5 days of hospitalization.

The majority of ingested foreign bodies pass spontaneously through the gastrointestinal tract, with less than 1% of cases requiring surgical intervention [1]. The most common regions of perforation are the ileocecal area and the colon, while gastric or duodenal perforation is not encountered as a frequent complication [2]. Although immediate surgical treatment remains the traditional treatment of choice, isolated cases of successful endoscopic treatment of gastrointestinal perforation by a foreign body are reported in the literature [3]. The role of

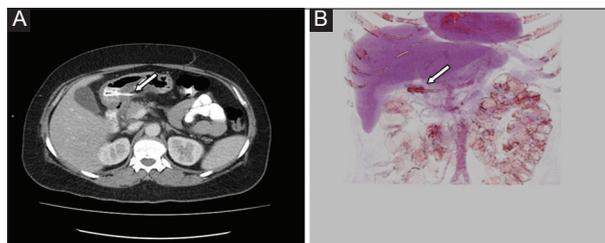


Figure 1 (A, B) Computed tomography scan of the abdomen, revealing the presence of a radiopaque foreign body in the gastric antrum, penetrating the gastric wall with surrounding extra-luminal free air and liquid

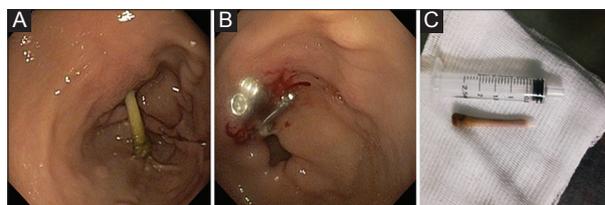


Figure 2 (A) Presence of a foreign body penetrating the gastric wall of the antrum in the prepyloric area. (B) Placement of 3 metallic clips at the point of gastric perforation. (C) Removed 4 cm long foreign body (chicken bone)

endoscopy in cases of perforation by a foreign body remains controversial but probably promising.

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