

*Letter to the Editor*

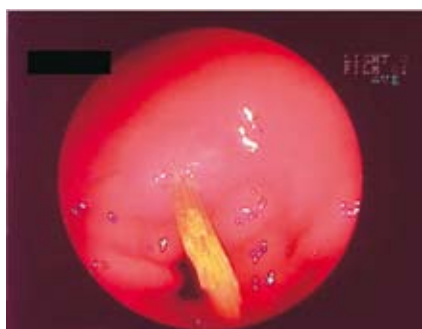
## Penetrating the Stomach

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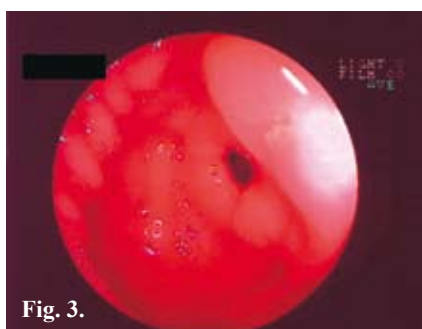
Dear Sir,

A 48 years old man presented with acute epigastric pain and was admitted to the hospital. The pain was severe and relapsing; it lasted less than a minute each time and during the attack a positive rebound sign was elicited. During the pain-free period, the abdomen was soft and

painless even in deep palpation. Plain radiographs of the abdomen and chest were normal. Blood and biochemical results were all within normal range except from a marked increase in white blood cell count (20.000/ml) with a left shift.



**Fig. 1 and 2.** The toothpick penetrating the gastric wall. It is located above the pylorus.



**Fig. 3.**



**Fig. 4.**

**Fig. 3.** A small ulceration after the removal of the foreign body.

**Fig. 4.** The toothpick outside the patient.

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At gastroscopy, a foreign body was found penetrating the gastric wall above the pylorus (fig 1,2). The foreign body was removed with a polypectomy snare leaving a small ulceration (fig 3), and was found to be a 4 cm long toothpick fragment (fig 4). The toothpick was accidentally ingested almost a month ago. The patient remained in the hospital for observation. During his hospitalization he was doing well, the pain did not reappear and was discharged the next day. One month later he was symptom-free and follow-up endoscopy was normal.

The toothpick penetrated approximately 3.5 cm within a month. The minimum rate of penetration is 0.1 cm/day assuming that the penetration started right after the ingestion.

Foreign bodies of the upper gastrointestinal tract are usually found in children, prisoners or mentally ill patients. Fortunately most ingested foreign bodies transit through the intestine uneventfully. Objects with sharp edges or pointed tips have a high probability of complications, namely perforation<sup>1,2</sup>. Most foreign bodies can be removed endoscopically<sup>3</sup>, however in some cases surgical intervention is warranted<sup>4</sup>.

## REFERENCES

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