Small Bowel Perforation Due to Glass Particle in a Patient Without History of Swallowed Foreign Body

Yabancı Cisim Yutma Hikayesi Olmayan Bir Hastada Cam Parçasının Yol Açtığı İnce Barsak Perforasyonu

Smallbowel Perforation Due To Glass Particle

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A 43 year-old female patient presented to the emergency department with complaints of suddenly beginning constant abdominal pain for 2 days. On her physical examination, tenderness in the left upper quadrant was detected. No abnormal results were detected except for 86% neutrophils (40% to 73%) in laboratory examinations. In radiological examinations, direct abdominal x-ray and abdominal ultrasonography were reported as normal. Contrast enhanced abdominal tomography revealed unexpectedly a foreign body in the proximal intestine and free air supporting microperforation adjacent to small bowel (Figure 1). She did not have any previous surgical interventions and she denied any previous traumas but traffic accident. Patient reporting any history of foreign body ingestion in her detailed history underwent emergency diagnostic laparoscopy. At laparoscopic exploration, no additional pathologic findings were detected except for sero-purulent free fluid among intestinal loops, Douglas and left paracolic space. A foreign object with bilateral sharp tip, longitudinally located, 3x35 mm in diameter was found out approximately 50 cm distal to the Treitz in open exploration (Figure 2). Moreover, perforation with a diameter of about 3-4 mm was seen on adjacent mesenteric bowel wall. Foreign body was removed without enterotomy. Both microperforated defect and orifice from which foreign body removed were oversewn with primary repair (Figure 3). The postoperative period was uneventful, and the patient was discharged within 4 days. It can be logically concluded that fragmented window pieces might have been ingested unconsciously in a traffic accident. We present this case to increase awareness of the diagnosis. Because patients rarely recall the episode of the ingestion, or may remember the incident only after a diagnosis is made.

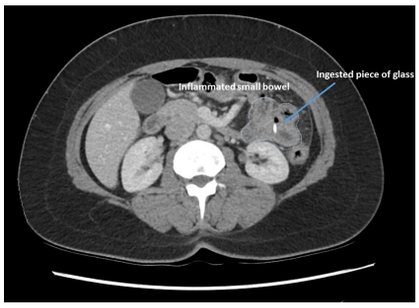

Figure 1. Preoperative CT imaging of small bowel perforation resulting from foreign body ingestion. Preoperative CT evaluation of the patient's abdomen noted a small pocket of mesenteric free air, inflammated segment adjacent to a loop of jejunum and a small radiopaque intraluminal object.

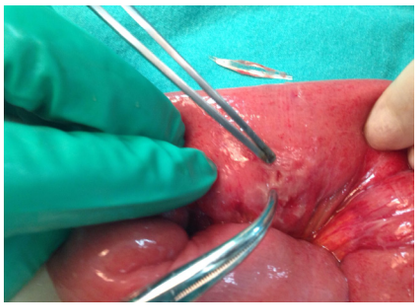

Figure 2. Bowel was manipulated demonstrating a glass particle extending through the antimesenteric wall of jejunal segment.

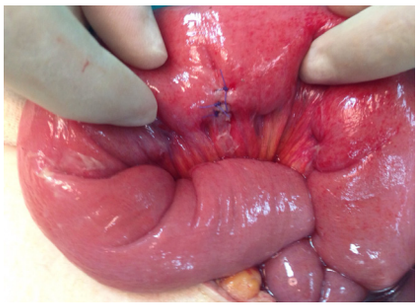

Figure 3. the object was gently removed from the bowel, and the perforated areas were oversewn using 2–0 monocryl suture.

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