Revenge of the Christmas Turkey; Unusual Presentation of Colonic Perforation Secondary to Foreign Body.

Mashuk Khan*  Sudeep Thomas†

*Warwick Hospital, UK, mashuk.khan@hotmail.com
†skthomasuk@yahoo.co.uk

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Abstract

Ingestion of foreign bodies is widely documented. Whilst the majority of foreign bodies will pass through the gastrointestinal tract without complication, some will cause problems such as small bowel obstruction, sepsis and perforation. Presentation in often acute, and often referred as appendicitis or diverticulitis. We present a case of foreign body intestinal perforation presenting with 2 month history of intermittent abdominal pain and anaemia. A non-tender mass was palpable in the RIF and a carcinoma was suspected. However, subsequent CT scanning demonstrated a foreign body perforating the ascending colon with marked surrounding inflammation. This is a rare and interesting presentation of foreign body intestinal perforation and not documented within the medical literature.

KEYWORDS: foreign body, colonic perforation
Introduction

Ingestion of foreign bodies is widely documented. Whilst the majority of foreign bodies will pass through the gastrointestinal tract without complication, some will cause problems such as small bowel obstruction, sepsis and perforation. Presentation is often acute, and often referred as appendicitis or diverticulitis. We present a case of foreign body intestinal perforation presenting with 2 month history of intermittent abdominal pain and anaemia. A non-tender mass was palpable in the RIF and a carcinoma was suspected. However, subsequent CT scanning demonstrated a foreign body perforating the ascending colon with marked surrounding inflammation. This is a rare and interesting presentation of foreign body intestinal perforation and not documented within the medical literature.

Case report

An eighty-four year old lady presented to the colorectal clinic in February 2010 complaining of lower abdominal pain for two months. Prior to this, she was generally fit and well. On examination she was afebrile and haemodynamically stable, however, a non-tender mass was felt in the right iliac fossa. Her haemoglobin was 8.6 g/dl with an MCV of 86 fL. A carcinoma was suspected. The CT scan images demonstrated a foreign body perforating the ascending colon with marked surrounding inflammation (figure 1). The patient underwent laparotomy. An inflammatory mass was found in the ascending colon surrounding a turkey wing bone penetrating through the bowel wall (figure 2). Right hemicolectomy with end-to-end anastomosis was performed, and the abdomen was closed en-masse. Post operatively the patient was admitted to HDU and made an uneventful recovery. Histopathology of the specimen reported an area of chronic inflammation and perforation through a diverticulum. She was discharged after 14 days.

Discussion

Foreign body ingestion leading to bowel perforation is not uncommon. There are well over 300 cases reported in the medical literature. Common objects ingested include fish bones, chicken bones and dentures. Those at risk of ingesting foreign bodies include children, the elderly, psychiatric patients and alcoholics.
The majority of swallowed foreign bodies will pass through the gut without consequence. It is thought that less than 1% result in perforation\(^4\). Clinical presentation of foreign body perforation is usually in the form of the acute abdomen. There is no documentation of such a chronic presentation, as was the case in our patient. The value of plain abdominal films will depend on the radio-opacity of the object swallowed. Common sites of perforation are terminal ileum and recto-sigmoid junction\(^5\). The definitive treatment for foreign body intestinal perforation is surgical exploration, removal of the offending object and surgical repair of bowel.

**Conclusion**

Although this is a rare presentation of foreign body perforation, this case highlights the importance of thorough history taking when assessing a patient complaining of abdominal pain, mass and anaemia. This would normally alert the doctor to investigate for bowel cancer, however, foreign body perforation as a differential diagnosis should be considered. When consuming poultry, one should be vigilant during mastication to ensure bones are not swallowed. This is especially important during the Christmas period when alcohol consumption may be significantly higher, thus putting the diner at greater risk.

**References**


Figure 1: CT image demonstrating foreign body
Figure 2: Resected specimen containing turkey bone