Perforation of the Sigmoid Colon by an Ingested Fish Bone

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Case Presentation

A 61-year-old man was admitted to our hospital with a six-day history of abdominal pain in the left lower quadrant. On admission, his physical examination was unremarkable except for left lower abdominal tenderness to palpation with a slight peritoneal sign. Computed tomography (CT) of the abdomen showed multiple diverticula in the sigmoid colon with a very small amount of free air. Acute diverticulitis was diagnosed, and he received antibiotics intravenously. After admission his condition improved, but his left lower abdominal discomfort continued. On the fifth hospital day, CT of the abdomen revealed a radiodense linear foreign body measuring 3 cm that extended transmurally through the sigmoid colon wall (Picture 1, arrow). Sigmoidoscopy demonstrated a fish bone stuck in the sigmoid colon wall (Picture 2). The fish bone was removed carefully with a snare (Picture 3). Perforation of the sigmoid colon by an ingested fish bone was diagnosed finally. Immediately after...
the removal of the fish bone, his left lower abdominal discomfort disappeared, and he was discharged from hospital without complication.

Although foreign body ingestion is a common occurrence (1, 2), ingested foreign bodies generally pass through the gastrointestinal tract without any complications. Indeed, perforation caused by an ingested foreign body is rare, however, the possibility of foreign body ingestion should be considered when gastrointestinal perforation is diagnosed.

References


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