Small Bowel Obstruction due to Rice Cake (Mochi)

Akira Baba¹, Yumi Okuyama¹, Kayoko Kimura² and Takuji Mogami¹

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A 69-year-old Japanese man with no history of abdominal surgery was referred to our hospital with the chief complaints of abdominal pain and vomiting. A physical examination of the abdomen revealed mild epigastric tenderness. The pertinent laboratory data included a WBC count of 14,900/μL, a C-reactive protein level of 0.96 mg/dL, and a normal chemistry panel. An abdominal radiograph suggested bowel obstruction (Picture 1). Computed tomography (CT) revealed homogenous high-density materials in the small intestine with proximal intestinal dilation (Picture 2, 3). Rice cakes (mochi in Japanese) and foreign materials are both known to appear as homogenous high-density objects on CT (1). The patient presented in February (rice cakes are commonly consumed during the winter in Asian countries) (1). Detailed history taking disclosed that the patient had consumed rice cakes fourteen hours before coming to the hospital. The patient denied the recent ingestion of any foreign objects. Based on the patient’s history of rice cake consumption and the typical CT findings, he was diagnosed with small bowel obstruction due to rice cake (1, 2). The patient was admitted to our hospital for conservative care. His symptoms thereafter completely resolved within a few days.

¹Department of Radiology, Tokyo Dental College Ichikawa General Hospital, Japan and ²Department of Gastroenterology, Tokyo Dental College Ichikawa General Hospital, Japan

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Correspondence to Dr. Akira Baba, akirababa@jikei.ac.jp
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References
