

Toothpick impaction in the sigmoid colon as a cause of chronic abdominal pain

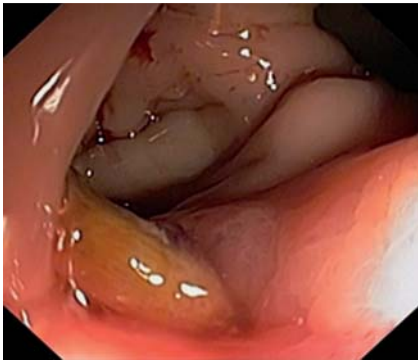


Fig. 1 The endoscopic appearance of the toothpick at the rectosigmoid junction.

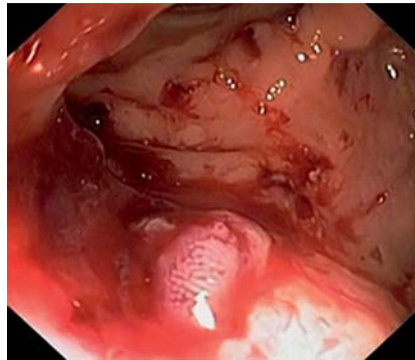


Fig. 2 The endoscopic appearance of impacted colonic mucosa after removal of the toothpick.



Fig. 3 The wooden toothpick (7 cm × 0.3 cm) after endoscopic removal from the sigmoid colon wall.

A 56-year-old male was admitted to our department with a 2-month history of recurrent lower abdominal pain accompanied periodically by fever. He had lost 7 kg in weight and had no history of melena or change in bowel habits or stool caliber. Plain abdominal radiography and computed tomography (CT) scans were normal. Colonoscopy revealed a wooden toothpick of 7 cm in length that had impacted with both ends embedded in the sigmoid wall at the rectosigmoid junction. Mucosal edema and erythema were also apparent (► Fig. 1).

The toothpick was removed in one piece using foreign-body extraction forceps. There was some white discharge, hyperemia, and a small amount of bleeding on the surface of the impacted colonic mucosa (► Figs. 2 and 3).

The procedure was difficult due to the position of the toothpick and very active peristalsis. The postprocedure abdominal radiography was negative for pneumoperitoneum. Intravenous treatment with broad-spectrum antibiotics was started and continued for 7 days; the patient made a full recovery.

Retrospective anamnesis revealed that the patient had eaten meat rolls and a large volume of alcoholic drinks during a party about 5 weeks before.

Most ingested foreign bodies pass through the gastrointestinal tract spontaneously without any adverse effects. However, 10–20% require endoscopic removal and about 1% require early surgery [1]. Complications after foreign body ingestion occur at sites of angulation or physiological narrowing of the gastrointestinal

tract, such as the pylorus, the ligament of Treitz, the ileocecal valve, or the rectosigmoid junction [2]. Accidental ingestion of long, narrow, or pointed foreign bodies, such as a toothpick, is associated with a higher risk of impaction and perforation of the gastrointestinal wall, with surgical intervention being required in 15–35% of cases [2,3]. Sensitivity of endoscopy in detecting gastrointestinal foreign bodies is estimated to be about 70% compared with 9%, 15%, and 29% for radiography, CT scan, and ultrasonography, respectively [4]. When impaction of such foreign bodies is diagnosed in time, successful endoscopic management is possible.

Competing interests: None

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References

- 1 Eisen GM, Baron TH, Dominitz JA et al. Guideline for the management of ingested foreign bodies. *Gastrointest Endosc* 2002; 55: 802–806
- 2 Reddy SK, Griffith GS, Goldstein JA et al. Toothpick impaction with localized sigmoid perforation: successful colonoscopic management. *Gastrointest Endosc* 1999; 50: 708–709
- 3 Webb WA. Management of foreign bodies of the upper gastrointestinal tract. *Gastroenterology* 1988; 94: 204–216
- 4 Li SF, Ender K. Toothpick injury mimicking renal colic: case report and systematic review. *J Emerg Med* 2002; 23: 35–38

Bibliography

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