A 55-year-old woman presented with a 3-month history of chronic left upper quadrant abdominal pain. She had no previous medical history. Her symptoms were not associated with nausea or emesis. Physical examination showed an afebrile patient with left upper quadrant abdominal tenderness. Laboratory tests demonstrated an elevated white cell count of 15000/µL (normal range 4000–10000/µL). C reactive protein was 50 mg/dL (normal < 5 mg/mL). Liver function tests were normal. Images from ultrasonography exploration were considered normal.

An abdominal computed tomography (CT) scan demonstrated an elevated white cell count of 15000/µL (normal range 4000–10000/µL). C reactive protein was 50 mg/dL (normal < 5 mg/mL). Liver function tests were normal. Images from ultrasonography exploration were considered normal.

CT images were very useful to detect this foreign body, which appeared as a high density needle-shaped object. The CT scan made it possible to detect this foreign body, which appeared as a high density needle-shaped object. The CT scan made it possible to detect this foreign body, which appeared as a high density needle-shaped object.
determine accurately the location of both ends of the toothpick. Moreover, the CT scan confirmed the depth of duodenal penetration and the absence of vessel injury before endoscopic removal of the toothpick. Upper gastrointestinal endoscopy is contraindicated when peritonitis or penetration of vessels is suspected. As previously described by other authors, toothpick ingestion can be a rare cause of chronic abdominal pain [5, 6]. Endoscopic retrieval of this foreign body allows a proper recovery without complications, therefore endoscopy should be done as soon as possible to avoid complications. In conclusion, we report a case of duodenal perforation due to an ingested toothpick. Despite the option for endoscopic removal and short medical treatment which permits a favorable clinical course, toothpicks should be considered potentially dangerous.

References

Bibliography
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