

Toothpick impaction with localized sigmoid perforation: successful double-balloon enteroscopic management

A 40-year-old man who had been experiencing intermittent left lower quadrant pain for approximately 1 month was referred to our gastroenterology division. General examination was normal, except for mild abdominal discomfort on deep palpation of the left lower quadrant. Double-balloon enteroscopy via the mouth revealed a 4×3-mm ulcer surrounded by erosions on the jejunal wall 2.5 m from the pylorus (● Fig. 1). Double-balloon enteroscopy via the anus revealed a foreign body at approximately mid-sigmoid level, where a wooden toothpick was noted to be lodged in the lumen with erythema and edema of the surrounding bowel wall (● Fig. 2). The impacted end of the toothpick was freed by gentle probing with a biopsy forceps, then grasped and extracted. To prevent accidental injury to the bowel wall, the toothpick was pulled into the overtube of the double-balloon enteroscope. As the 5.0-cm×2-mm wooden toothpick was being removed via the anus, the patient noted a dramatic and immediate decrease in his left lower quadrant discomfort. Subsequent questioning of the patient yielded a possible history of having accidentally swallowed some toothpicks. He was advised to continue parenteral antibiotic therapy for 24–48 hours. The patient was asymptomatic at telephone follow-up 1 week after leaving hospital and when he attended for the planned follow-up examination 3 months later.

It was reported as far back as 1941 that 9% of perforations were caused by impaction of wood splinters, toothpicks, and pencils in the gastrointestinal tract [1]. Historically, toothpick impaction in the lower gastrointestinal tract is managed by urgent surgery [2]. Obviously, operative removal of a toothpick that has caused frank perforation is prudent, but endoscopic removal of toothpicks from the duodenum, appendix, transverse colon, and rectum has been accomplished at acceptable rates

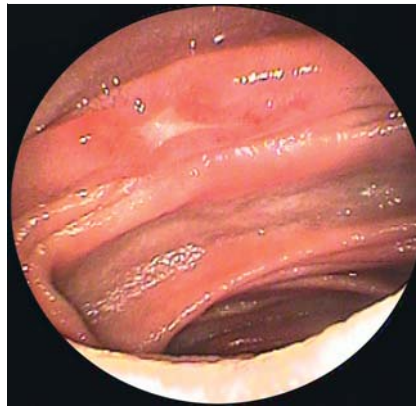


Fig. 1 Double-balloon enteroscopy via the mouth showing a 4×3-mm ulcer surrounded by erosions on the jejunal wall 2.5 m from the pylorus.

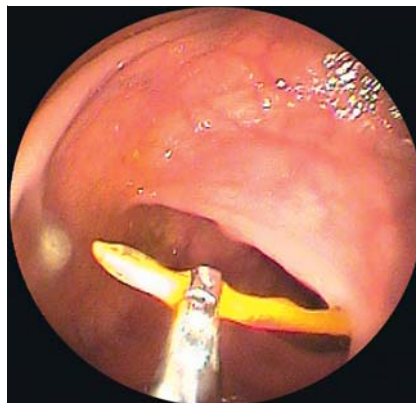


Fig. 2 Double-balloon enteroscopy via the anus revealed a wooden toothpick that was lodged within the lumen with erythema and edema of the surrounding bowel wall.

of morbidity and mortality. Because a double-balloon enteroscope has a special protective overtube, it is safer than colonoscopy [3,4] when dealing with the bilateral pointed ends of a foreign body such as a toothpick.

Endoscopy_UCTN_Code_CCL_1AD_2AH

Competing interests: None

Y.-P. Wang, B. Shi

Department of Gastroenterology,
Changzheng Hospital, Shanghai, China

References

- 1 Mohanty AK, Flannery MT, Johnson BL et al. A sharp right turn. *N Engl J Med* 2006; 355: 500–505
- 2 Wani I, Wani SA, Mir S et al. An unusual presentation of toothpick penetration of colon. *J Emerg Trauma Shock* 2010; 3: 401–402
- 3 Meltzer SJ, Goldberg MD, Meltzer RM et al. Appendiceal obstruction by a toothpick removed at colonoscopy. *Am J Gastroenterol* 1986; 81: 1107–1108
- 4 Chung YS, Chung YW, Moon SY et al. Toothpick impaction with sigmoid colon pseudo-diverticulum formation successfully treated with colonoscopy. *World J Gastroenterol* 2008; 14: 948–950

Bibliography

DOI <http://dx.doi.org/10.1055/s-0031-1291509>
Endoscopy 2012; 44: E29
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author

B. Shi, MD

Department of Gastroenterology
Changzheng Hospital
Second Military Medical University
Shanghai 200003
China
Fax: +86-21-81885350
shibin3@medmail.com