

Retrieval of a bread bag clip from the duodenum

A 73-year-old woman presented with iron deficiency anemia and melena. Biochemical parameters revealed a hemoglobin of 77 g/L and urea 8.5 mmol/L with normal renal indices. She was transfused with 2 units of red blood cells. Gastroscopy revealed a bread clip embedded in D1 (showing the date Friday, 13 April;

▶ **Fig. 1**), pinching the distal and proximal duodenal roof fold and dangling like an earring. Attempts to remove the clip by crushing with grasping forceps, cutting with a needle-knife device, and snapping with snare were unsuccessful. A gastric band cutter (Endotherapeutics, Sydney, Australia) was employed endoscopically. The cutting wire was threaded between the bread clip and the duodenum (▶ **Fig. 2**), and the free end was retrieved and locked into the ratcheting device, forming a loop. Tightening of the loop resulted in the wire snapping the clip, which was then retrieved orally (▶ **Fig. 3**).

Only 21 cases of bread clip ingestion have been reported since 1975. Most cases present as small-bowel perforation requiring bowel resection [1]. Bread clips are made of plastic and are therefore non-degradable. With an aging population, we postulate that such cases will be increasingly seen [2]. The shape of the clip results in a traplike effect, which prevents easy removal once it is embedded [3]. Endoscopic removal of embedded foreign bodies can require taking a unique approach. This is the first reported case of the use of a gastric band cutter to divide an embedded foreign body followed by successful retrieval.

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Competing interests: None

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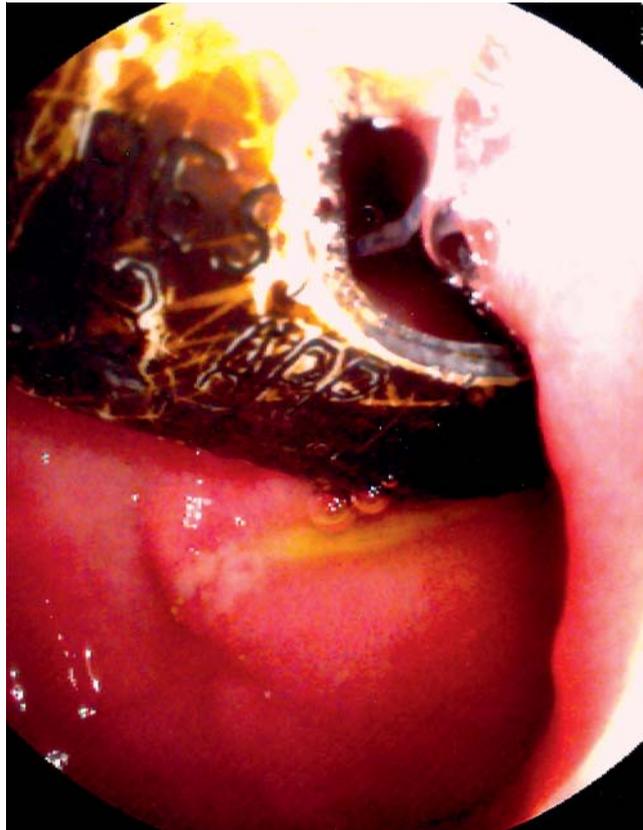


Fig. 1 Bread clip embedded in first part of duodenum in a 73-year-old woman presented with iron deficiency anemia and melena. There is linear erosion on the posterior wall.

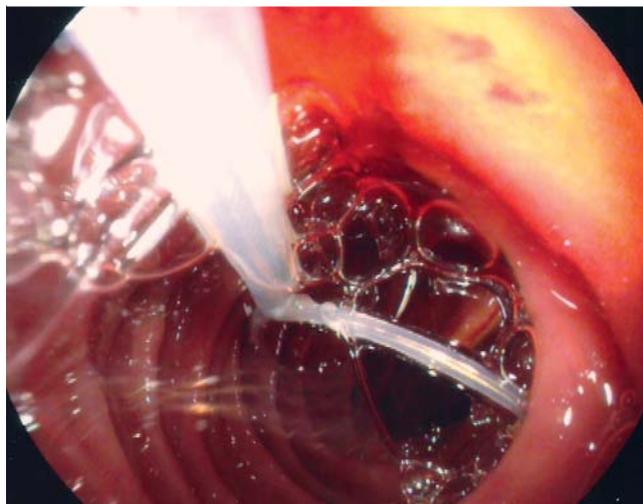


Fig. 2 The cutting wire was fed down the duodenum.

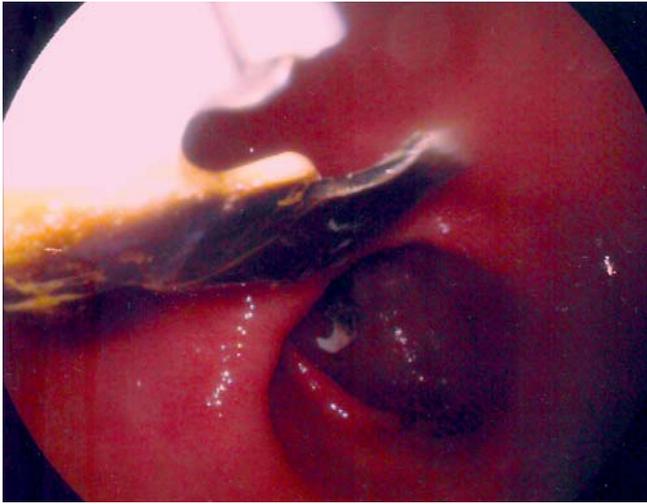


Fig. 3 The bread clip was divided and then retrieved orally.

References

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Bibliography

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