

Shiitake mushroom-induced ileus managed using double-balloon enteroscopy



Fig. 1 Abdominal X-ray showing distended jejunum and an air–fluid level.

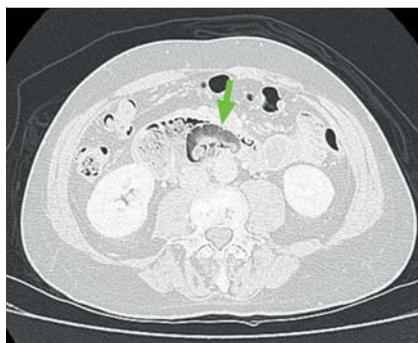


Fig. 2 Abdominal computed tomography (CT) scan showing a mass with a peculiar shape (arrow).

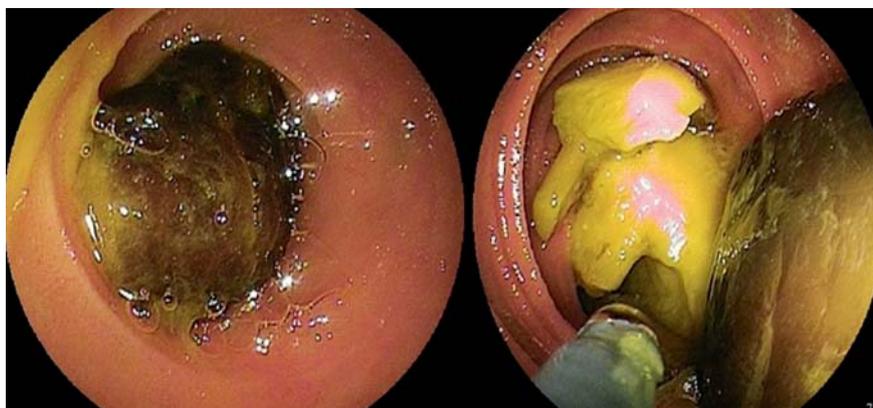


Fig. 3 Endoscopic view of the jejunum showing the impacted mushroom.



Fig. 4 Abdominal X-ray showing relief of the ileus. The fragmented mushroom had migrated to the descending colon (arrow).

Detection of the cause of dietetic ileus is often difficult. High quality computed tomography (CT) scanning has improved our ability to precisely diagnose a large variety of intra-abdominal and intraluminal disease processes, including the pres-

ence of foreign bodies [1]. Here we report a case of ileus caused by ingestion of shiitake mushroom that could be diagnosed before treatment and could be treated endoscopically without surgery.

The patient was a 65-year-old man who had no surgical history. He had a history of stroke and had paralysis on the left side of the body. He presented with abdominal pain and distension that had lasted for 1 week. Abdominal radiography revealed a dilated small bowel with an air–fluid level suggesting intestinal obstruction (▶ Fig. 1). Abdominal CT scan showed a low density mass and mild distension of the jejunum proximal to the mass. The shape of the mass was irregular and the contrast CT scan suggested a shiitake mushroom (▶ Fig. 2). We therefore questioned the patient in more detail about his recent diet, and found that he had eaten a meal 4 days previously that

included shiitake mushroom. Based on the dietary history and the CT scan, we diagnosed ileus caused by shiitake mushroom, and we performed double-balloon small-bowel endoscopy on the third day after admission. A large piece of shiitake mushroom was found impacted in the proximal jejunum (▶ Fig. 3). We crushed and cut away the shiitake mushroom using a snare (SD-5U-1; Olympus, Tokyo, Japan). The entire jejunal mucosa was normal, without ulcers or strictures. After the treatment, abdominal X-ray showed that the fragmented shiitake mushroom had migrated to the descending colon (▶ Fig. 4) The patient left the hospital without complications.

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Competing interests: None

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