Shiitake mushroom-induced ileus managed using double-balloon enteroscopy

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 presence 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 film 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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Reference

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