A 24-year-old patient with a background of paranoid schizophrenia presented to the emergency department with upper gastrointestinal bleeding. He admitted that because of recurring headaches he had been using ibuprofen for a few weeks preceding admission.

Emergency endoscopy was performed and revealed several metallic foreign bodies covered with clots in the body of the stomach (Fig. 1), and gastric wall ulceration (Fig. 2) at the incisura with oozing hemorrhage (Forrest IB). Bleeding was successfully controlled with adrenaline injections and hemostatic clips (Video 1). Plain abdominal X-ray revealed a conglomerate of foreign bodies and no signs of perforation (Fig. 3). Second-look endoscopy on the following day showed no evidence of active bleeding and confirmed multiple sharp metallic objects in the stomach, some of them embedded in the gastric wall (Video 2).

Although initially the patient had denied swallowing any foreign bodies, at a detailed interview he admitted that he had been swallowing metallic items “out of boredom” for the previous 12 months. The patient was scheduled for surgical exploration.

Laparotomy followed by gastrotomy was performed and more than 50 metallic objects (Fig. 4) were removed from the stomach. Intraoperative X-ray revealed a thin spike remaining in the left epigastrium, that had initially been observed on plain X-ray (Fig. 3). In-depth exploration revealed that the foreign body was located in the greater omentum, its passage through the gastric wall being a possible source of ulceration. The foreign body was successfully removed. The patient was transferred for further psychiatric treatment.

Competing interests: None
Jarek Kobiela¹, Stanislaw Mittlener², Tomasz Gorycki¹, Andrzej J. Lachinski¹, Krystian Adrych²
¹ Department of General, Endocrine and Transplant Surgery, Medical University of Gdansk, Poland
² Department of Gastroenterology and Hepatology, Medical University of Gdansk, Poland
³ Department of Radiology, Medical University of Gdansk, Poland

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Corresponding author
Jarek Kobiela, MD, PhD, MBA
Department of General, Endocrine and Transplant Surgery
Medical University of Gdansk, Poland
3A Sklodowskiej Str.
80-210 Gdansk
Poland
Fax: +48-58-3492410
kobiela@gumed.edu.pl

Fig. 3 Plain abdominal X-ray shows a conglom-erate of foreign bodies and a thin spike in the midline.

Fig. 4 Vast collection of foreign metallic bod-ies surgically retrieved from the stomach.