Endoscopic removal of a 35-mm fish bone totally embedded in the gastric wall

A 61-year-old woman with no relevant medical history attended the emergency department with a 3-day history of epigastric pain and fever, and reports of fish bone ingestion 6 days earlier. No signs of peritoneal irritation were found during abdominal examination. The patient underwent an abdominal computed tomography scan, which revealed a gastric wall thickening with a radiodense linear foreign body embedded in the wall, associated with mesenteric stranding but no free air. Upper endoscopy was performed and showed a 12-mm subepithelial bulge covered with congested mucosa in the gastric antrum (Fig. 1). Using a biopsy forceps, multiple biopsies were taken from the overlying mucosa, exposing the tip of the foreign body (Fig. 2).

Subsequently, a 35-mm fish bone was safely removed from the gastric wall using an alligator forceps (Fig. 3, Fig. 4). Finally, a through-the-scope clip was placed to close the mucosal injury. The patient was discharged with no further symptoms after 7 days of intravenous antibiotic treatment.

Video 1
Endoscopic removal of a 35-mm fish bone that was totally embedded in the gastric wall.

A 35-mm fish bone was totally embedded in the gastric wall and mimicking a subepithelial lesion.

Subsequently, a 35-mm fish bone was safely removed from the gastric wall using an alligator forceps (Fig. 3, Fig. 4). Finally, a through-the-scope clip was placed to close the mucosal injury. The patient was discharged with no further symptoms after 7 days of intravenous antibiotic treatment.

Competing interests: None

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