Colonoscopic extraction of a chicken wishbone stuck in the sigmoid colon, identified as diverticulitis: the patient's and doctor's wish comes true

Fig. 1 A foreign body stuck in the colon wall, with one end impacted within a diverticulum and the other in the wall opposite, in a 75-year-old woman.

Fig. 4 A 5-cm long wishbone successfully removed.

Fig. 2 The mucosa surrounding the foreign body, showing inflammation and edema.

Fig. 3 The foreign body was successfully removed endoscopically in two stages using a tripod grasper.

A 75-year-old woman attended our clinic presenting with a 7-day history of nausea, left lower quadrant abdominal pain, and fever. Laboratory data revealed leukocytosis (14500 white blood cells/mL) and an elevated C-reactive protein level (28mg/L). Palpable abdominal pain in the left lower quadrant and a raised temperature (38°C) were found on physical examination. Findings were negative for melena, blood per rectum, weight loss, and change in stool frequency. An abdominal X-ray showed bowel distension with one significant air-fluid level, without pneumoperitoneum. Besides renal calculosis the abdominal ultrasonography was unremarkable. Based on the clinical examination and laboratory findings, the patient's initial diagnosis was diverticulitis. A course of broad-spectrum antibiotic therapy was initiated.

After clinical and laboratory test improvement she was referred for colonoscopy, which revealed the extent of colon diverticulosis and ruled out a malignancy. An obstructing foreign body was seen in the sigmoid colon, stuck in the bowel wall (Fig. 1 and Fig. 2). The foreign body was successfully removed using a tripod grasper (Fig. 3 and Fig. 4; Video 1). The intervention was completed without any complications (Fig. 5). Recovery was smooth and the patient was discharged from hospital.

Video 1

Successful colonoscopic extraction of a 5-cm long chicken wishbone stuck in the sigmoid colon of a 75-year-old woman.

Fig. 5 The intervention was completed without any complications.

About 80% of ingested objects entering the stomach will be passed without complications [1]. Large numbers of reports support the fact that perforation is more common with sharp or pointed objects, such as chicken or fish bones, metal objects, and wooden splinters [2]. Potential sites where a foreign body tends to perforate the gastrointestinal tract are the ileocecal valve and the rectosigmoid junction [3]. In our patient, fortunately, there was no perforation, although it was threatened. Rex & Bilotta [4] described successful colonoscopic retrieval of wishbones stuck in the sigmoid colon, without peritoneal signs, in two patients. Tarnasky et al. provided another report of an endoscopically removed chicken bone [5]. Based on the literature of which we are aware, it is rational to attempt colonoscopic removal of wishbones impacted in the sigmoid colon in patients without peritoneal findings.

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