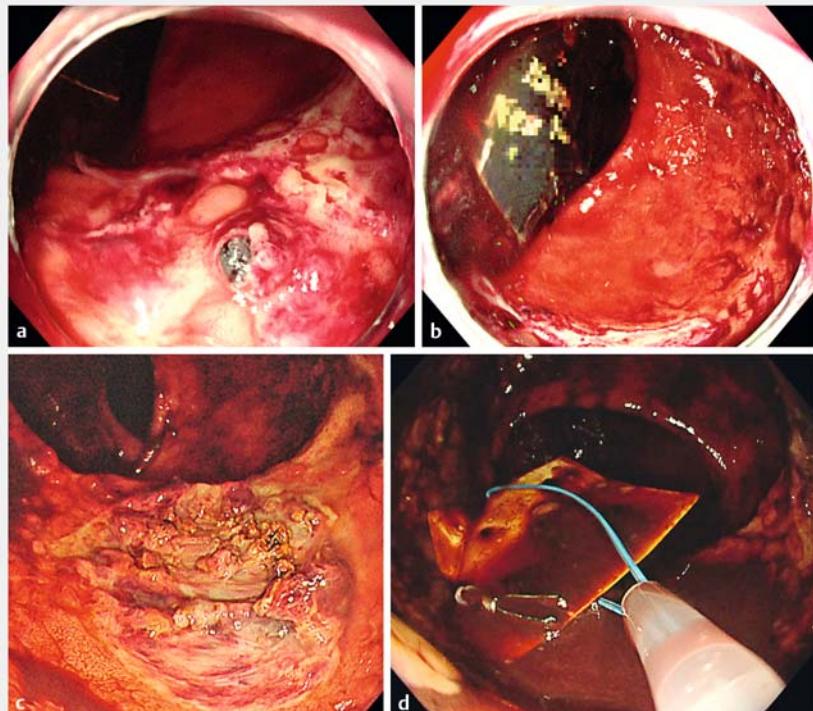


Safe removal of a synthetic paper for cake decoration that had caused a hemorrhagic rectal ulcer using a detachable snare after hemostatic treatment

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► Fig. 1 Endoscopic views in an elderly woman with melena showing: **a** a large ulcer with a visible vessel in the rectum; **b** a 2-cm square of synthetic paper that was found in the rectum after hemostasis had been achieved; **c** confirmation that hemostasis had been achieved the following day; **d** a detachable snare being used to change the foreign body into a cylindrical shape so that it can be safely removed from the rectum.

An 80-year-old woman, who had just eaten a shortcake, realized that she had accidentally eaten the cake's decorative paper. She did not initially experience any symptoms but, 2 months later, she was unable to eat and became bedridden. A short time later, she was admitted to the neurosurgery department of our hospital with impaired consciousness. She was diagnosed with extensive cerebral embolism and was treated conservatively. Her level of consciousness improved and she was started on tube feeding. A few days later, she passed a large amount of melena and was referred to the gastroenterology department.

An emergency lower gastrointestinal endoscopy revealed a large ulcer in the rectum and a visible vessel in the same area, which was bleeding (**► Fig. 1 a**). The bleeding could not be stopped with a clip and the vessel was therefore cauterized with hemostatic forceps. At the same time, a 2-cm square foreign body was noted in the rectum (**► Fig. 1 b**). Hemostasis was confirmed on repeat endoscopy the following day (**► Fig. 1 c**). The foreign body, which was a 2-cm square of synthetic paper that was hard and sharp on all sides, was safely removed, having been ligated with a detachable snare for polypectomy and made into a cylindrical shape (**► Fig. 1 d**; **► Video 1**). Synthetic



► Fig. 2 Photograph of the extracted synthetic paper, which had hard and sharp edges.

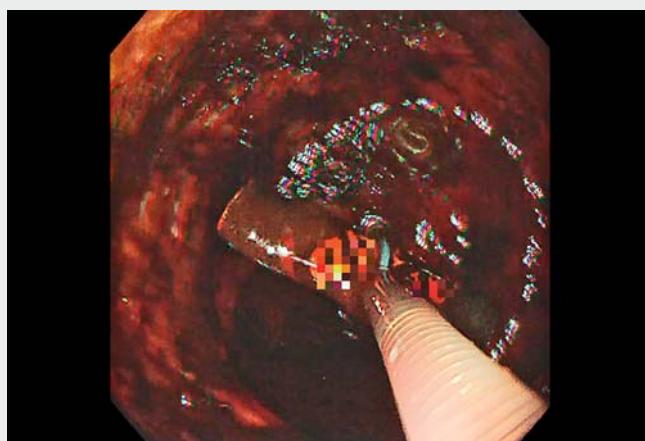
paper contains a synthetic resin; it had barely been digested and had hard sharp corners that were very dangerous (**► Fig. 2**). A computed tomography scan that had been performed prior to the endoscopy had failed to detect the foreign body.

We have previously used a detachable snare to endoscopically remove a press-through package from the esophagus [1]. The detachable snare for polypectomy was considered an effective and safe method of removing a hard, rectangular sheets such as these from the gastrointestinal tract. There is also a need to raise widespread awareness about the accidental ingestion of foreign objects by the elderly, as occurred in this case.

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Competing interests

The authors declare that they have no conflict of interest.

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