Emergency call: “Doctor I swallowed a stick”

Foreign bodies represent one of the most frequent emergencies in the practice of gastroenterology. About 80% of cases resolve or the foreign body is passed spontaneously. Approximately 10%-20% of foreign bodies require endoscopic extraction and fewer than 1% require surgical removal [1].

A 52-year-old man arrived at the emergency department complaining of abdominal pain that had developed over 24 hours. The pain had started soon after he had swallowed a wooden stick, following auditory hallucinations that instructed him to do so. On physical examination the foreign body was palpable in the mesogastrium, with pain on mobilization (▶ Video 1).

Abdominal tomography (▶ Fig. 1) and volumetric reconstruction (▶ Fig. 2) were performed to determine the dimensions of the artifact and any signs of perforation. Endoscopy was performed, and at 20 cm from the dental arch a distal portion of the foreign body corresponding to a wooden artifact was evident, with multiple mucosal lacerations and wood splinters located in the esophageal mucosa; in addition, there were erythematous and necrotic mucosal changes (▶ Fig. 3. ▶ Video 1). An unsuccessful attempt was made to remove the foreign body using a loop clamp. It was decided to proceed with surgery.

Gastrotomy was performed, and a long wooden artifact, which was curved, 30 cm long, and about 2 cm in diameter, was extracted (▶ Fig. 4. ▶ Fig. 5; ▶ Video 1). The patient’s postoperative course was adequate; mental health evaluation led to a diagnosis of schizophrenia as a personality disorder.

Intentional ingestion of foreign bodies occurs in a relatively small number of psychiatric patients. Endoscopic extraction is effective and safe; however in rare cases such as this one, general anesthesia and surgical extraction are mandatory. The esophageal foreign body in the present case is the largest currently reported [2].

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Competing interests

The authors declare that they have no conflict of interest.
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