Retrieval of a bread bag clip from the duodenum

A 73-year-old woman presented with iron deficiency anemia and melena. Biochemical parameters revealed a hemoglobin of 77 g/L and urea 8.5 mmol/L with normal renal indices. She was transfused with 2 units of red blood cells. Gastroscopy revealed a bread clip embedded in D1 (showing the date Friday, 13 April; • Fig. 1), pinching the distal and proximal duodenal roof fold and dangling like an earring. Attempts to remove the clip by crushing with grasping forceps, cutting with a needle-knife device, and snapping with snare were unsuccessful. A gastric band cutter (Endotherapeutics, Sydney, Australia) was employed endoscopically. The cutting wire was threaded between the bread clip and the duodenum (Fig. 2), and the free end was retrieved and locked into the racheting device, forming a loop. Tightening of the loop resulted in the wire snapping the clip, which was then retrieved orally (Fig. 3).

Only 21 cases of bread clip ingestion have been reported since 1975. Most cases present as small-bowel perforation requiring bowel resection [1]. Bread clips are made of plastic and are therefore nondegradable. With an aging population, we postulate that such cases will be increasingly seen [2]. The shape of the clip results in a traplike effect, which prevents easy removal once it is embedded [3]. Endoscopic removal of embedded foreign bodies can require taking a unique approach. This is the first reported case of the use of a gastric band cutter to divide an embedded foreign body followed by successful retrieval.

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Fig. 1 Bread clip embedded in first part of duodenum in a 73-year-old woman presented with iron deficiency anemia and melena. There is linear erosion on the posterior wall.

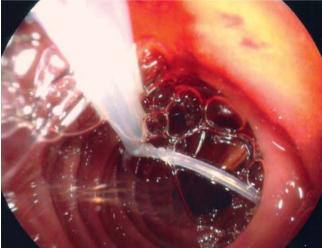


Fig. 2 The cutting wire was fed down the duodenum.



Fig. 3 The bread clip was divided and then retrieved orally.

References

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