

### Toothpick Impaction: Treatment by Colonoscopy

Although foreign body ingestion is a common clinical problem, impaction of an ingested object in the colon is rare. Sharp objects that pass from the stomach result in perforation distally (1). We report here a case of toothpick impaction of the rectum, which caused intermittent rectal bleeding. A 72-year-old woman presented with diarrhea and intermittent abdominal cramping for two months. She described frequent, low-volume, loose stools two to three times per 24 hours. One month later, she experienced fresh rectal bleeding on four occasions. On physical examination, the patient was slightly obese. Her blood pressure was 185/80 mgHg, her pulse rate 84/minute. A 1/6 stolic murmur was audible over the left sternal border. Bowel sounds were normoactive. No organomegaly, tenderness, or rebounding pain was noted. Rectal examination was unremarkable. A colonoscopy revealed one diverticulum in the descending colon and a diminutive polyp in the sigmoid colon. In the rectum 17 cm above the anus the mucosa was edematous, hyperemic and a wood-like foreign body was noted (Figure 1). One end of the foreign body was penetrating the rectal mucosa and the other end was free inside of the lumen. The foreign body (which

proved to be a toothpick 6 cm in size [Figure 2]) was gently extracted from the rectal wall by using polypectomy snare. The procedure was performed without any complication. The pathological examination confirmed the inflammatory nature of the diminutive polyp. The patient remained symptom-free after one month of the follow-up period. Retrospective questioning revealed that the patient was using dentures and she had eaten finger sandwiches with toothpicks two months ago.

Intestinal perforation due to an ingested sharp object is quite uncommon. The vast majority of ingested foreign bodies spontaneously pass through the gastrointestinal tract without any complications (2). However, if the ingested object is sharp, the rate of perforation could be as high as 15–35% (3). Toothpicks are commonly used in Turkish cuisine, especially in meat and roll dishes. Dentures, which cause loss of tactile stimulus while eating, may predispose to ingestion of sharp objects. We have reported here a case with an impacted toothpick in the rectal wall, which was diagnosed and removed successfully via colonoscopy. Penetrated foreign bodies used to be diagnosed and treated surgically



**Figure 1:** Impacted toothpick in the rectal wall.

until recently. However, the availability of fiberoptic endoscopes has provided the opportunity for nonsurgical removal of gastrointestinal foreign bodies. Interestingly, there are few cases of colonoscopically diagnosed colorectal foreign bodies in the literature. Schwartz and Graham (4) have reported one case with bowel perforation and peritonitis with an impacted toothpick found near to the rectosigmoid junction. However, the diagnosis was made at autopsy. There is only one case reported, where a chicken bone in the sigmoid colon was treated endoscopically (5). To our knowledge, this is the first case of an impacted toothpick in the rectum which was treated via colonoscopy. Elderly patients who are at relatively high risk of foreign body ingestion (because of dentures, dementia, and transient ischemic attacks), also are at high risk during surgical interventions. Therefore, endoscopic diagnosis and treatment of these patients could be lifesaving. In the presence of complications such as peritonitis, abscesses, or fistulas, surgery should be the treatment of choice.

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**Figure 2:** The toothpick after removal via colonoscopy.

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