



Foreign body impacted in the Jejunum

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ABSTRACT

We present a case with protracted vomiting which admitted to our hospital. After radiologic investigation, patients underwent laparotomy, were a foreign body was found impacted in the jejunum.

Index Word: foreign body, jejunum, impaction, intestinal obstruction.

INTRODUCTION

The vast majority of foreign bodies pass unimpeded through the gastrointestinal tract, often without the parent having any notion of the event. Parents may find a coin or marble in the toilet or diaper and wonder as to its origin. Foreign bodies impacted in the esophagus may initially be completely asymptomatic. Much less frequently, foreign bodies impact the duodenum, terminal ileum or rectum. Foreign body may cause damage to gastrointestinal tract with several mechanisms. Solid foreign bodies, such as coins, toy parts or sharp objects, cause damage by perforation or pressure necrosis. In addition, some coins contain a high concentration of zinc, which itself is toxic to tissue¹. Some medications may also cause esophageal damage; these medications may be acid (e.g. tetracycline, ferrous sulfate), alkaline (e.g. phenytoin) or have a high osmolality when dissolved. The

mucosal damage may be deep enough to produce ulceration and subsequent scarring^{2,3}.

CASE REPORT

A 16 months old girl was admitted to the hospital due to protracted vomiting. Nasogastric tube was placed. Vomiting was bilious. Patient was not passing stools. Abdomen was not distended. Plain X-ray was done to verify obstruction. Laparotomy was done for intestinal obstruction. A distention was seen in the first 30 cm of jejunum. In this location a foreign body was trapped. We asked again about her history from her mother. Her mother told that her girl ingested an aquarium stone about 1 weeks ago (Figure-1). The foreign body was a gelatinous stone from aquarium which increased in size while was in the bowel.

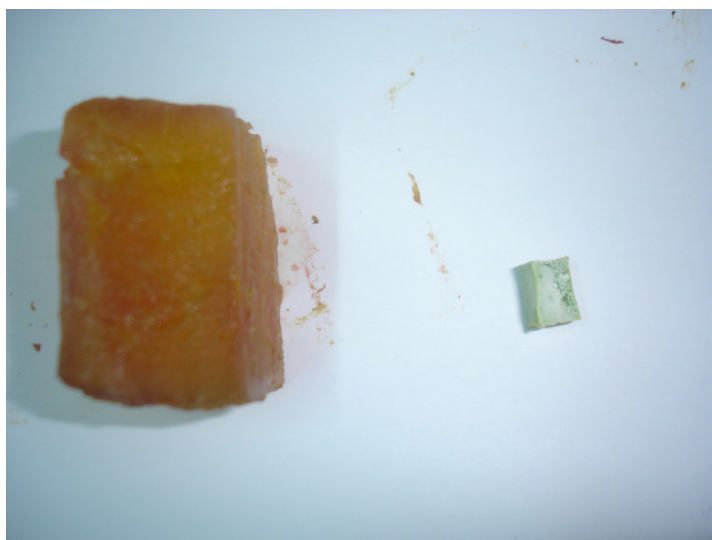


Figure-1: An aquarium stone. After ingestion(Left). Before ingestion(Right)

DISCUSSION

Objects that reach the stomach can usually be left to pass spontaneously down the bowel. The exception would be a long or large object that can not negotiate the pylorus, duodenal C-loop or ileocecal valve⁴. Neumann H et al., reported removal foreign body that had remained lodged in the jejunum for 8 days with double balloon enteroscopy⁵. There is some reports about role of double balloon enteroscopy of foreign body removal^{6,7}. Traumatic intramural hematoma and bezoar may be the cause of duodenal or jejunal obstruction and must be keep in mind⁸. Removal of foreign body by laparoscopy was also reported by some authors⁹. In order to prevent such complication, in every child with history of vomiting, foreign body impaction must be considered.

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