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RESEARCH ARTICLE

LAPAROSCOPIC MANAGEMENT OF PERFORATED SMALL BOWEL DUE TO BIG FISH BONE.

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Manuscript Info

Abstract

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Introduction:-

Perforation of small bowel due to ingested foreign body after taking meals is rare. Most of FBs are impacted in upper esophagus or eliminated in stomach and Gastrointestinal tract by its acidity. The presentation is varying from simple pain at impacted site to migration to other organs and serious complications^[1,2]. Sometimes it needs multidisciplinary team like general surgeon, gastroenterology, interventional radiologist or even subspecialties like ENT surgeon. Management options depends on the clinical scenario and sequences of ingestion and impaction^[3].

Case presentation:

A female of 64 years old presented with abdominal pain after few hours from her launch. She visited the emergency and discharged with symptomatic treatment, but she came back with worse pain at night. Her abdomen was found on 2nd visit tender all over but mainly at lower right side with some guarding, but hemodynamically stable.

A CT scan of abdomen was requested and showed signs of small bowel obstruction secondary to linear radio-dense structure noted penetrating the terminal ileum 5 cm proximal to ileocecal valve? fishbone with mild related free fluid collection and extra luminal gas foci of pneumoperitoneum and uncomplicated colonic diverticula prepared the patient for laparoscopic intervention. The intraoperative findings were correlated to CT findings, the fish bone was found just plugging from antimesenteric-border few centimeters from ileocecal valve, with congested mildly dilated ileum. The perforation was very small not leaking and checked by wetting bowel in pool of dexamethasone and saline solution, we cleaned the area from some suppuration and dried the field. We decided to not do any further action or stitches.

Her post-operative stay was uneventful and started to take orally after 1 day from surgery and discharged on day 3rd day.

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Figure 1:- Coronal view of CT abdomen showed impacted fish bone in terminal ileum.

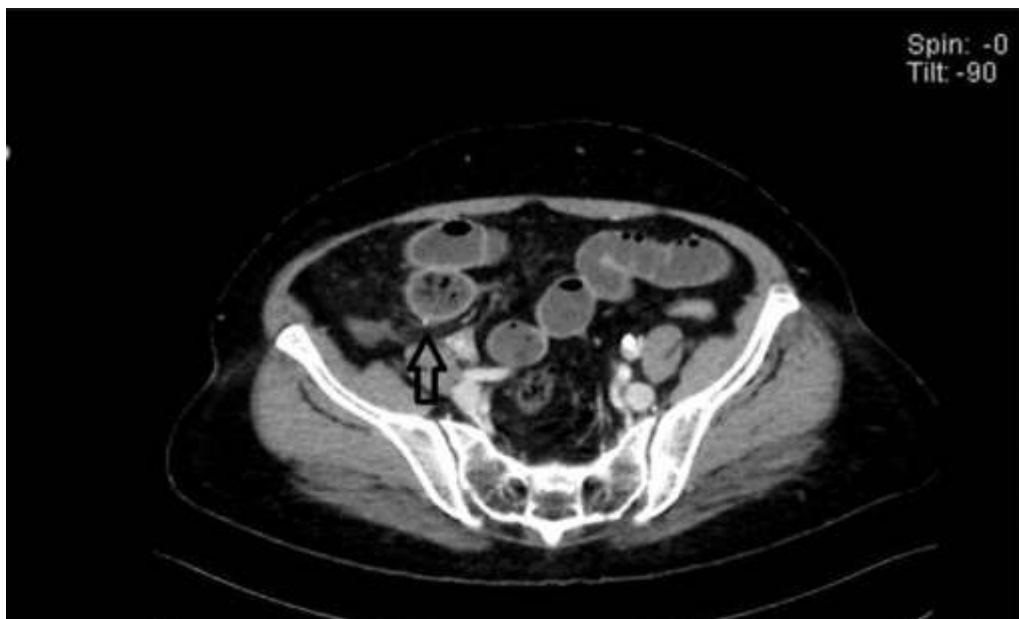


Figure 2:- Axial plan view of CT abdomen and Fish bone penetrants the small bowel.

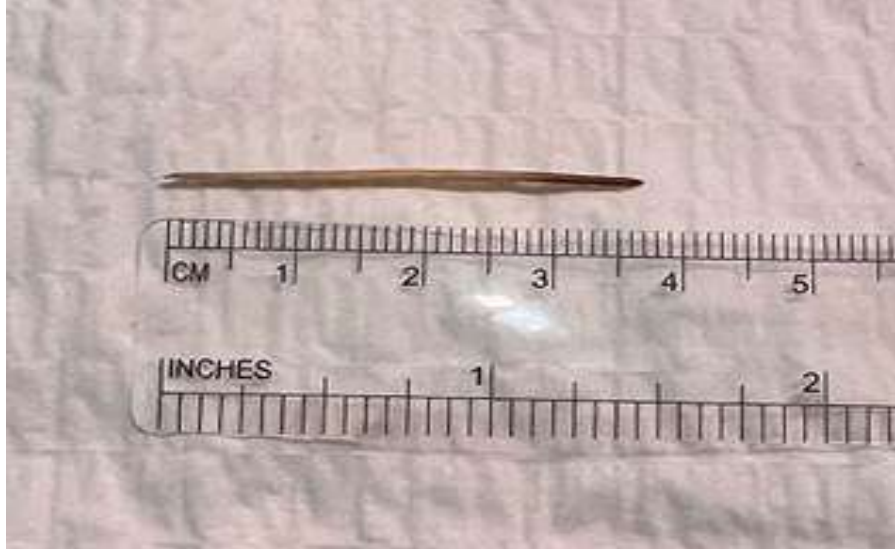


Figure 3:- The removed Fish bone with 3.7 cm.



Figure 4:- Tip of the Fish bone piercing the small bowel.



Figure 5:- Fish bone photo before delivering outside the abdomen.

Discussion:-

Foreign bodies in the gastrointestinal tract are common and easily eliminated by from this tract, however perforated is rare in healthy patient^[4]. Perforation of small bowel is due fish bone or chicken bone for example is not easy unless the history was clear. The presented patient visited the emergency department with periumbilical pain and to the right iliac fossa few hours after taking her launch, which is mimic to presentation of appendicitis for example^[5]. Her diagnosis was established based on her CT findings. Diagnostic laparoscopic, removal of this fish bone causing tiny perforation was performed and successfully managed^[7]. The similar reported cases were managed mainly by with open exploration. In addition to that as seen in attached photo the big size of the fish bone reaching 3.7cm that reached the end of distal part of ileum. Theintra operative findings were mild leakage, form of peritonitis, bowel obstruction and ileus^[7].

It was an interesting case and decision to keep the micro sizable perforation without any suturing. We treated the well contained perforation without extensive intervention same like cases which usually happened due inflammatory or traumatic causes. Reported similar case was managed with segmental resection and open technique^[6].

We kept the patient fasting for 24 hours, covered the patient with IV antibiotics and careful abdominal examination with no significant findings and repeated inflammatory markers before discharge^[5].

We compared our management to different reported cases and different sites of ingestion. Ingestions of fish bone can complicate any area starting from mouth to lower gastrointestinal tract. We managed earlier Fish bone that migrated from throat to thyroid lobe and reported also^[8,9].

Conclusion:-

Careful assessment for patient with ingested foreign in the GIT tract and appropriate management depends on the presentations. Type of foreign body, site of impaction and timing of intervention are affecting the prognosis and outcome of management.

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