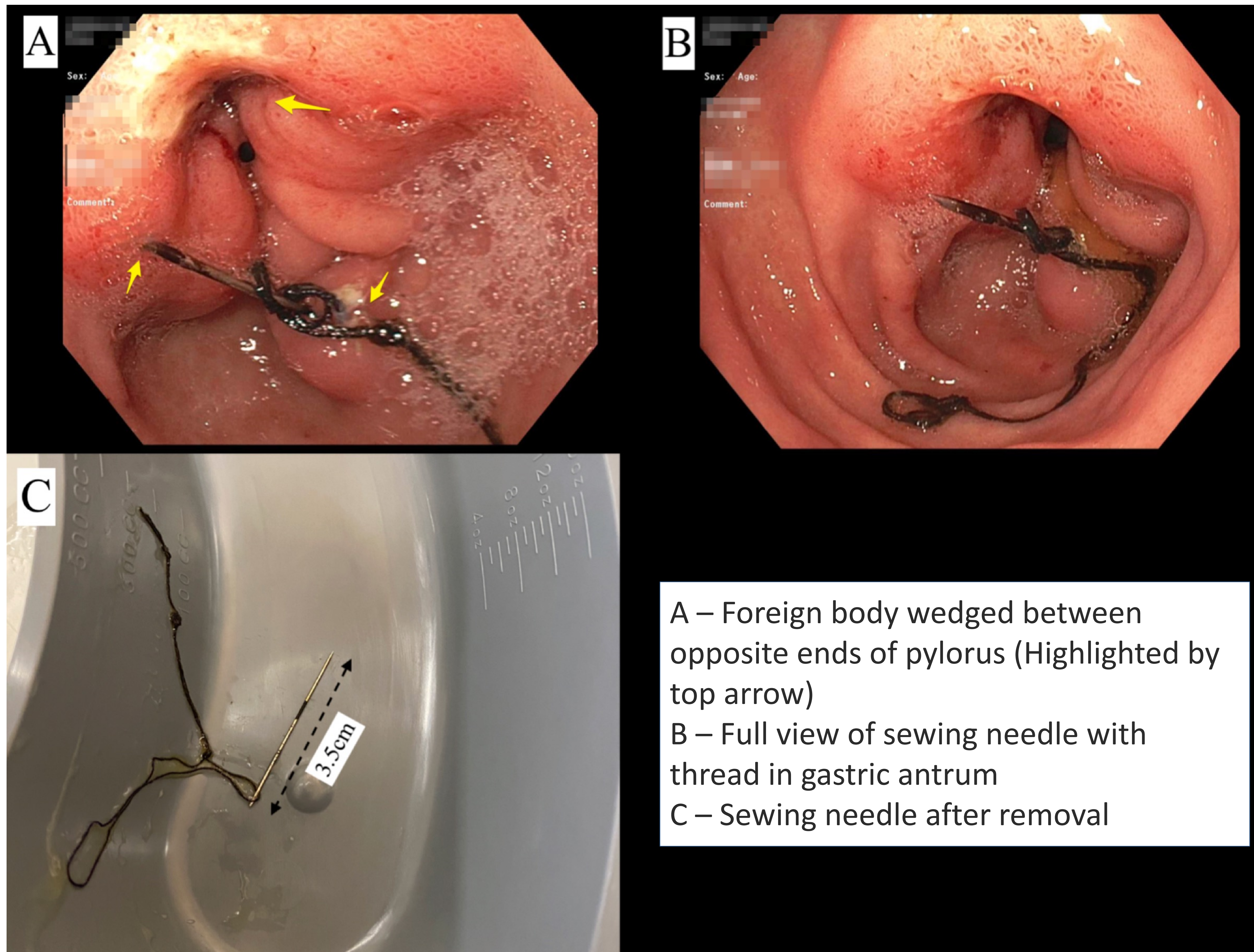


Introduction

- ❖ Foreign body ingestion is a common phenomenon among individuals with psychiatric disorders, alcohol intoxication, developmental delay, or in incarcerated individuals.
- ❖ Most ingested foreign bodies pass spontaneously without complication but 10-20% require endoscopic intervention.
- ❖ Impaction, perforation, or obstruction often occurs at angulations or narrowing.
- ❖ Early recognition and urgent upper endoscopy (EGD) for foreign body removal may improve clinical outcomes.

Case Description

- ❖ An 83-year-old male with a past medical history of pulmonary embolism on warfarin, alcohol use disorder, and anxiety presented after two black, tarry stools and light-headedness.
- ❖ On admission his vitals were stable and labs were notable for:
 - ❖ International normalized ratio (INR) of 3.3
 - ❖ Hemoglobin (Hgb) of 12.3g/dL
- ❖ He was treated with Vitamin K and intravenous pantoprazole twice daily.
- ❖ The next day his Hgb was found to be 8.2g/dL.



A – Foreign body wedged between opposite ends of pylorus (Highlighted by top arrow)
 B – Full view of sewing needle with thread in gastric antrum
 C – Sewing needle after removal

Figure 1. Endoscopic Evaluation of Patient with Foreign Body

Decision Making

- ❖ EGD was performed revealing antral ulcerations and a 3.5cm sewing needle and thread with both ends penetrating opposite walls of the antrum (Figure A, B).
- ❖ Multiple attempts at removing the needle with rat tooth and jumbo forceps were unsuccessful and the procedure was aborted.
- ❖ Follow up computed tomography imaging did not reveal perigastric fluid or pneumoperitoneum post-procedurally.
- ❖ On hospital day three, a repeat EGD was attempted and showed the needle was only perforating mucosa along one side of the gastric body; it was able to be removed via overtube and raptor device (Figure C).

Conclusions

- ❖ Double pointed/sharp objects are particularly challenging given they are harder to grasp and maneuver.
- ❖ Several risk factors including age and duration of impaction are associated with adverse events, such as laceration, perforation, and ulcers.
- ❖ Overall, the benefit of further endoscopic retrieval attempts versus the risk of perforation from the foreign body or complications from the procedure itself must be weighed case by case.

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