

Chicken Ticca: Hard Object, Wrong Hole

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Introduction

Diverticular disease is a common, largely age dependent condition that occurs due to herniation of the mucosa and submucosa through the muscularis propria at levels of vasa recta penetration. This condition is typically asymptomatic with approximately 4% of patients developing diverticulitis.¹ Fewer than 20% may exhibit symptoms of rectal bleeding, abdominal pain, abscess, perforation or peritonitis.² Risk factors include obesity, smoking, and low-fiber diet.³ Rarely, diverticulitis is caused by ingestion of foreign body (IFB). Unlike typical scenarios of diverticulitis, endoluminal examination and intervention in cases of IFB may be paramount.

Case Presentation

A 58-year-old black female presented with left lower quadrant abdominal pain, vomiting, diarrhea and fever for 1 day. Upon presentation, she had a leukocytosis (WBC 20.3) with associated tenderness. A CT scan showed pericolonic inflammatory changes of the sigmoid colon including a tubular 50 x 3mm structure suspicious for a foreign body (Figure 1). Given these clinical findings, antibiotic therapy with Piperacillin/ Tazobactam was initiated and a sigmoidoscopy was done. Upon endoscopy, a chicken wing bone was visualized within a diverticulum and removed successfully utilizing a 10mm snare (Figure 2). The patient's WBC normalized and she symptomatically improved. Subsequently, she tolerated an oral diet and was discharged on Ciprofloxacin/Metronidazole for 1 week.

Figures

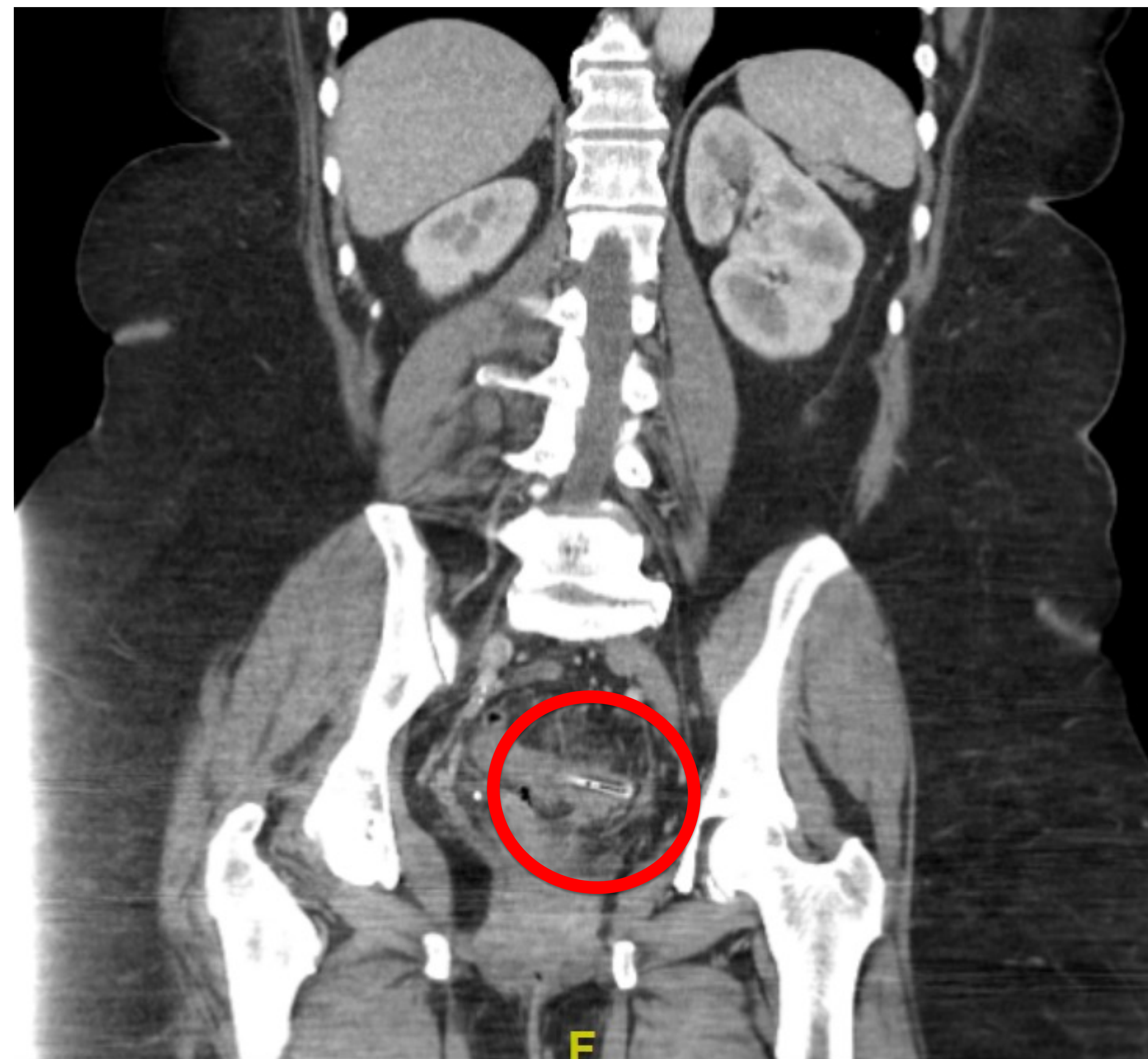


Figure 1: Bone and localized inflammation



Figure 2: Chicken Bone within diverticulum

Discussion

Diverticulitis unrelated to IFB has been theorized to occur either due to overgrowth of intestinal flora within a diverticulum or due to localized immune dysregulation.⁴ IFB mostly occurs in the elderly, those with psychiatric disorder as well as those with alcohol abuse. Most causative foods (chicken bones, fish bones, etc.) pass without issue.⁵ That said, there are cases of complications such as colonic perforation, diverticulitis as well as abscesses occurring due to IFB⁶. Utilization of cross-sectional imaging offers diagnostic utility for the radiopaque IFB. The findings of diverticulitis plus a foreign body should be of concern as complications may occur.

Conclusion

Typically, in cases of acute diverticulitis, endoscopy is not performed due to operative risk in the setting of active inflammation. In this scenario, early endoluminal intervention and successful foreign object extraction was pivotal to the patient's positive clinical outcome and likely prevented further potential complications.

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