



Heads or Tails? A Quarter Impacted Proximal to the Ileocecal Valve Is Endoscopically Retrieved Revealing the Answer

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INTRODUCTION

- Persistent foreign body impaction in adults is rare, as the majority of ingested foreign bodies pass spontaneously. Only 10-20% require endoscopic intervention, and about 1% require surgery (1). Foreign body ingestion is usually seen in children, psychiatric, or elderly patients.
- Impaction at the ileocecal valve poses a particular challenge as endoscopic retrieval is technically difficult and may carry an increased risk of perforation.

CASE DESCRIPTION

- A 73-year-old female with atrial fibrillation and heart failure presented to the hospital with a two-week history of right-sided abdominal pain.
- She was tolerating a regular diet, passing stool and flatus regularly, and had no nausea or vomiting.
- Vitals: BP 150/90, HR 98, RR 16
- Labs: Complete blood count, complete metabolic panel, lipase, and lactate were all within normal limits.
- A CT scan was performed and showed a rounded metallic foreign body within the terminal ileum.
- She denied any known ingestion of a foreign body
- She was admitted to the hospital for further observation. The surgical and gastroenterology service were consulted, and recommend observation and serial abdominal X-rays.

Hospital Day 1: Admitted with initial CT scan findings

Rounded metallic foreign body in the terminal ileum. No evidence of extraluminal free air or bowel obstruction.

Hospital Day 3: Abdominal Xray

Persistence of round foreign body within the right lower quadrant. No evidence of pneumoperitoneum or bowel obstruction.

Hospital Day 4: Colonoscopy

A metallic foreign body was visualized behind an ulcerated stricture within the terminal ileum. Removal with a rat-tooth forceps was attempted but unsuccessful due to the presence of the stricture.

Hospital Day 6: Repeat colonoscopy with fluoroscopy

The terminal ileum was intubated and was found to be strictured 10cm proximal to the ileocecal valve. A guidewire was placed across the stricture using fluoroscopic guidance. A balloon dilator was passed over the guidewire. The terminal ileum was dilated, and the foreign body was retrieved with rat-tooth forceps.

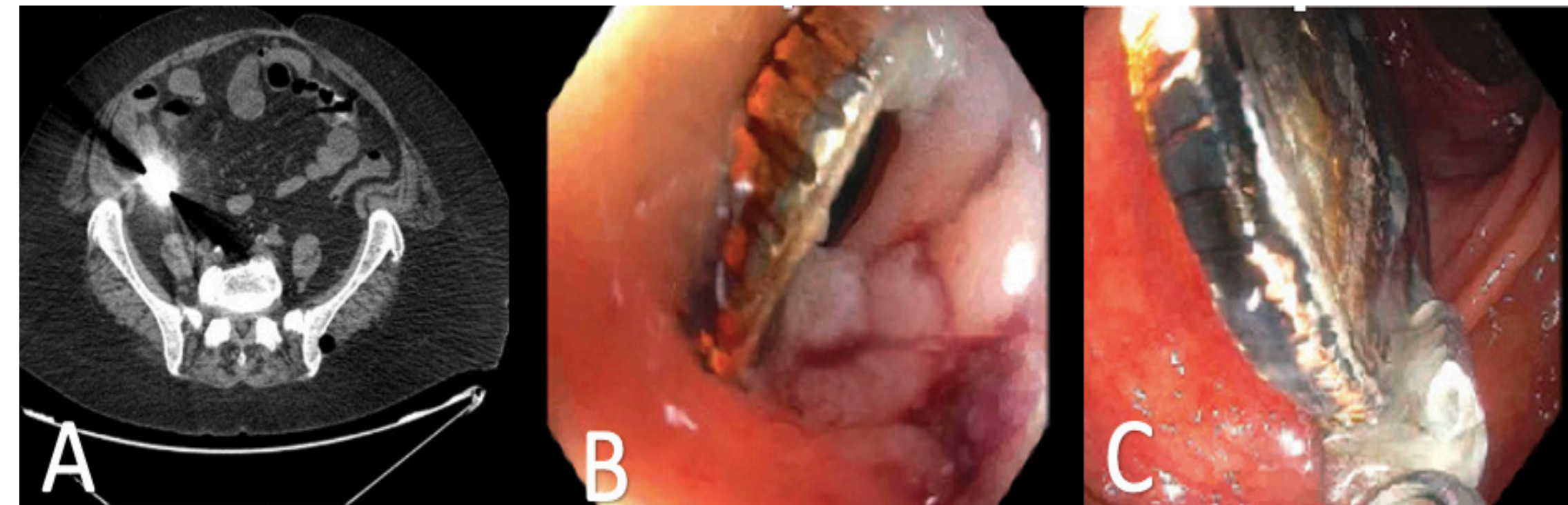


Figure A. CT scan showing coin-like opacity in the terminal ileum.

Figure B. Coin impacted in the terminal ileum with surrounding ulceration and stricture.

Figure C. Endoscopic retrieval of a US quarter

REFERENCES

- (1) Hsieh CH, Wang YC, Chen RJ, Fang JF, Lin BC, Hsu YP, Kao JL, Kao YC, Yu PC, Kang SC. Comparison of the Clinical Presentations of Ingested Foreign Bodies Requiring Operative and Nonoperative Management. *Int Surg* 2005; 90: 99-102.

DISCUSSION

- Ingested coins can become impacted in the gastrointestinal tract causing obstruction, pain, and rarely perforation. Persistence of an impacted foreign body can cause ulceration, intestinal stricture, and fistula formation.
- The appropriate management for impacted foreign bodies distal to the ligament of Treitz is close observation as the majority of the impacted objects pass spontaneously.
- If symptoms persist and the foreign body does not pass on serial imaging, endoscopic removal can be performed for symptomatic relief and to avoid further complications such as perforation.