

Not Where You Want It! A Very Odd Occurrence of Fishbone Firmly Lodged in the Stomach

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INTRODUCTION

- Inadvertently ingesting fish bones is frequent, and most fish bones pass through the gastrointestinal tract without causing any symptoms or complications within a week. (1,2)
- Only about 10% to 20% of foreign bodies necessitate an endoscopic procedure, and less than 1% necessitate surgery. (3-5)
- Here, we present a case of fish bone impaction in the stomach and its delayed consequences.

CASE DISCUSSION

- A 44-year-old female presented with an insidious onset of dull, aching left sided abdominal pain for the past 3 days with nausea and vomiting.
- She denies NSAIDs, no blood in stools or vomitus. She had eaten Tilapia for Christmas dinner 4 months prior and at that time felt a slight irritation in her throat that had passed, and no other symptoms until now.
- CT abdomen and pelvis showed a curvilinear foreign body in the pyloric region about 3cm in size. Subsequent EGD showed fishbone securely lodged in the posterior wall of gastric antrum, removed with snare through an overtube, to repair the defect the tissue edges were approximated and two hemostatic clips placed successfully.
- She was continued on Protonix orally for 4 weeks with complete resolution of symptoms.

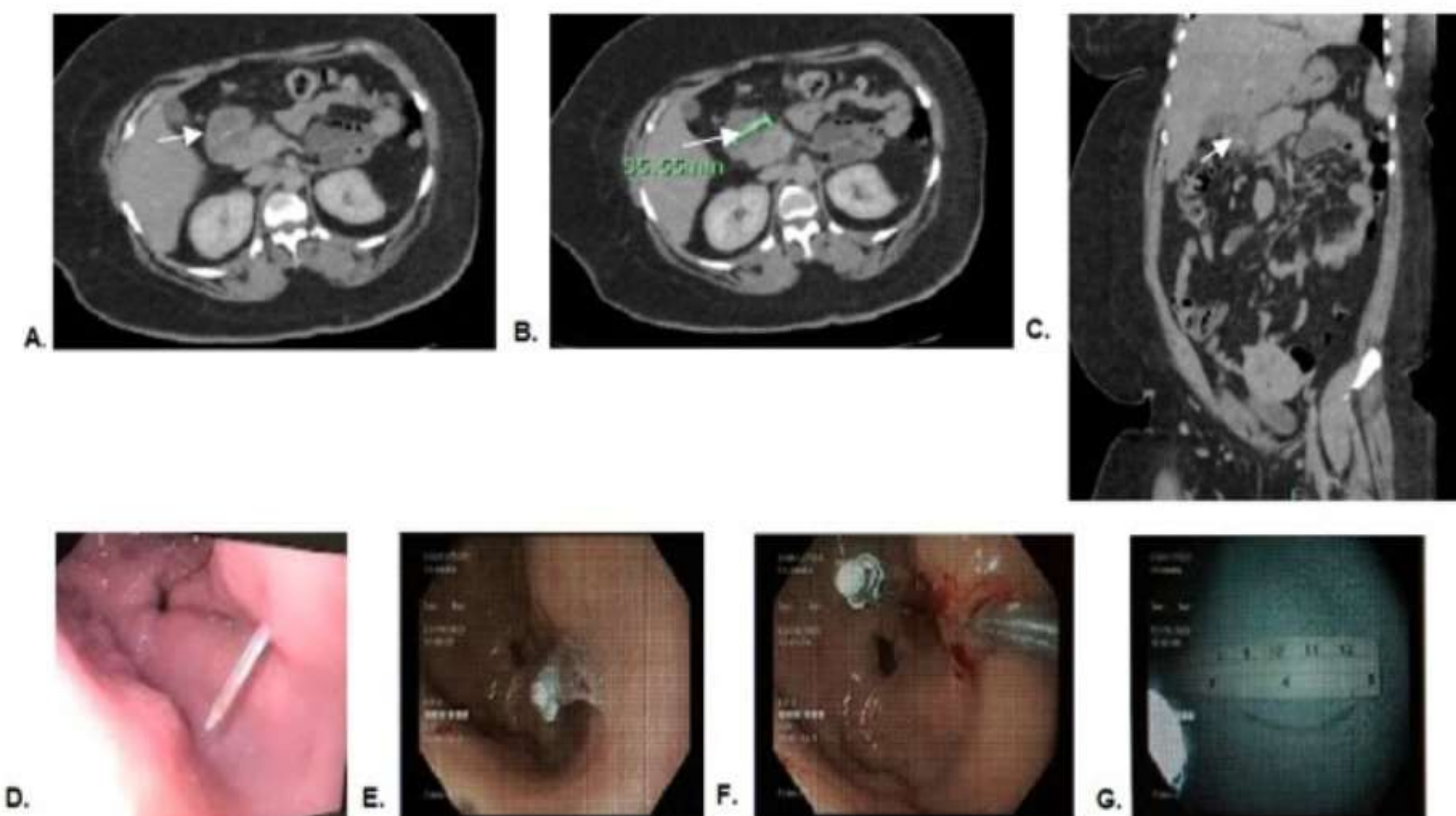


Figure A-C : Coronal view of a computed tomography (CT) image showing a linear, hyperdense, foreign body (arrow) which appeared to lodge in posterior wall of gastric antrum. Figure D-F: Endoscopy images of impacted fishbone and its retrieval. Figure G: Photograph of the removed fish bone.

CONCLUSION

- Fish bones make up about two-thirds of foreign bodies, and 75 percent of ingested foreign bodies get impacted in the oral cavity and laryngopharynx.(6)
- In our case, it's quite improbable that a fishbone was stuck in the pylorus for four months without any symptoms. Furthermore, foreign bodies lodged in the stomach are relatively unusual, as peristalsis normally drives them out. Complications have been reported in up to 35% of patients when sharp items pass through the stomach.(7)
- In conclusion, given its vague presentation and difficulties obtaining medical history (as only a small percentage of people recall eating them by mistake), we recommend through this case that clinicians must keep this possibility in mind and conduct timely investigations, as delayed intervention could result in bowel perforation..

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