

Severe Rectal Bleeding due to Foreign Body Ingestion

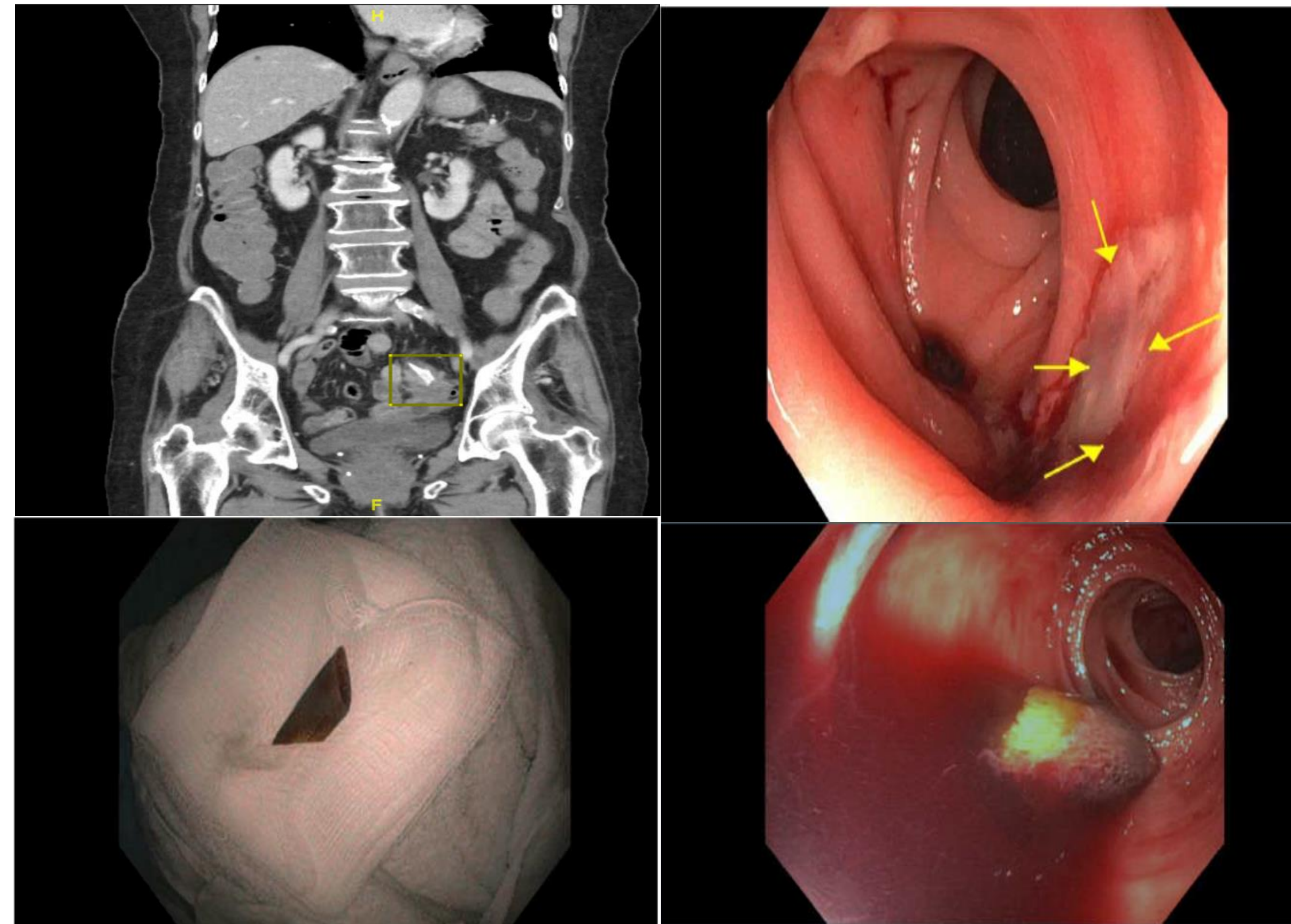
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Introduction:

- Foreign body ingestion is often seen in children and the elderly, with incidence of 0.2/100000
- The most often ingested foreign bodies are food particles such as chicken or fish bones, however, most patients do not recall ingestion
- The vast majority of foreign bodies pass through the GI tract without complication. Complications include bowel obstruction, bleeding, perforation, granuloma/abscess formation, fistulas, and peritonitis

Patient Presentation:

- 95-year-old female presenting with one day history of bright red blood per rectum occurring 7 times with associated intermittent crampy abdominal pain
- Past medical history significant for diverticulosis
- Admission CT significant for rectosigmoid wall thickening and metallic like object in the proximal rectosigmoid colon
- Hemoglobin on admission 10g/dl down from baseline hemoglobin of 13g/dl



Images Clockwise from the top left: 1. Foreign body as seen on admission CT, 2. ulceration in sigmoid colon proximal to foreign body, 3. foreign body as seen on approach, 4. foreign body post removal

Clinical Course:

- Patient underwent flexible sigmoidoscopy the next day
- Flexible sigmoidoscopy showed ulceration with bleeding
- foreign body found in the sigmoid colon, successfully removed with roth net and Identified as bone fragment
- Patient had no further episodes of GI bleeding, hemoglobin was within normal range at follow up visit

Discussion:

- Risk factors of foreign body ingestion include old or young age, dull palatal sensation due to dentures, alcohol or other sedative use, those with psychiatric disorders, those with visual disturbances, and habitual chewing of non-food objects such as toothpicks
- The most common sites of complication are sites of intestinal narrowing such as the ileocecal junction and rectosigmoid regions
- Those with intestinal strictures, colon cancer, diverticulosis, and hernias are at higher risk of complication. Diverticulosis was the only identifiable risk factor in our patient.
- Complications occur in just roughly 1% of ingestions, however complications can be severe and mortality rates are estimated to be as high as 18% in those with complications
- Of foreign bodies that cause complication, 10-20% can be removed endoscopically and less than 1% require surgical intervention
- The differential diagnosis for gastrointestinal bleeding is broad, it is important to keep foreign body ingestion in one's differential diagnosis.

References attached in online abstract