Endoscopic Source Control of Gram-Negative Bacteremia Secondary to Foreign Body Ingestion - A Rare Case

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INTRODUCTION

- Foreign body ingestion is not uncommon in the adult population.
- Usual culprits include fish bones, chicken bones and dentures.
- Possible complications include dysphagia, complete occlusion with risk of aspiration, and perforation.
- This is a rare case of foreign body ingestion leading to bacteremia, necessitating endoscopic removal to achieve source control.

CLINICAL PRESENTATION

- Patient was a 58-year-old male initially admitted for sepsis secondary to cellulitis.
- Patient had to be readmitted due to cultures from initial admission being positive for slow-growing gram-negative rods (GNAR).
- Most common sources of GNAR are genitourinary or gastrointestinal in origin.
- The patient had no urinary complaints and had negative urinary cultures. The patient also did not have a history of an enlarged prostate.
- The Patient did not have any abdominal symptoms, but abdominal imaging obtained to evaluate for an intraabdominal abscess/collection showed a 5.3 cm tubular radiopaque focus in the cecum [Fig. 1,2].
- Blood cultures from the second admission also grew GNAR, which speciated into capnocytophaga.
- A colonoscopy was conducted and showed a chicken bone in cecum that was retrieved with a snare [Fig. 3].
- Subsequent blood cultures after foreign body removal were negative suggesting adequate source control.

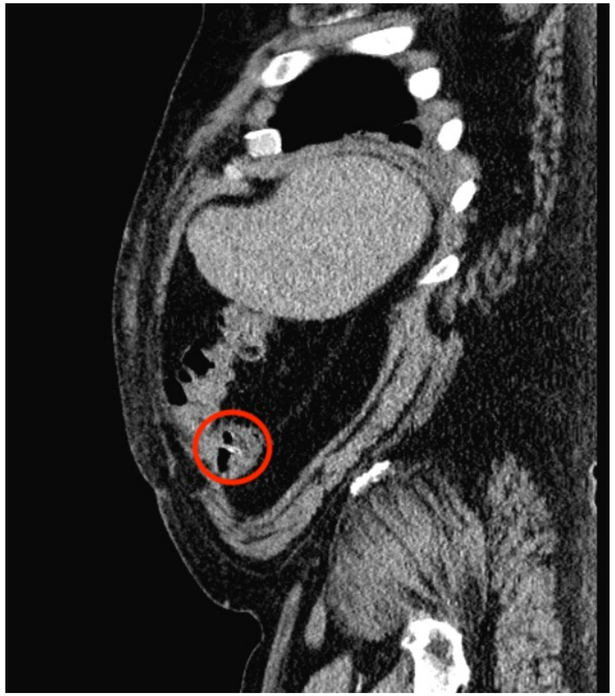

Figure 1: Sagittal CT scan of the abdomen showing a foreign body in the cecum (red circle).

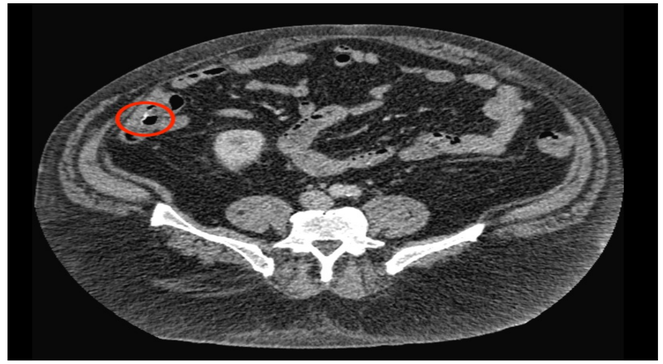

Figure 2: Axial CT scan of the abdomen showing a foreign body in the cecum (red circle).

Figure 3: Retrieved fish bone from the patient's cecum.

CONCLUSION

- GNAR bacteremia warrants workup for genitourinary and gastrointestinal sources.
- Our case highlights a rare clinical scenario where foreign body ingestion led to GNAR bacteremia, possibly secondary to bowel inflammation leading to translocation of bacteria from the cecum.
- Clinicians investigating the causes of GNAR bacteremia should have a broad differential.
- Timely identification of the GNAR source and its control is very crucial in treating such a population.