Upper gastrointestinal bleeding triggered by foreign body ingestion

R. Ramos, P. Duarte, C. Vicente and C. Casteleiro

Department of Gastroenterology, Covilhã University Hospital, Covilhã, Portugal

INTRODUCTION

Accidental ingestion of foreign bodies and its management is a problem more common in the pediatric population than in adults. The literature suggests that endoscopic removal of foreign bodies passed into the stomach can usually be observed for development of symptoms, because 80% of them would be spontaneously passed (1).

CLINICAL OBSERVATION

A previously healthy 75-year-old man presented at our emergency department with severe hematemesis. His complaints had commenced 3 days earlier after swallowing a chicken bone. The complaints consisted of general malaise and epigastric pain. He was pale and hypotensive (90/55 mmHg), with a heart rate of 128 per minute. Laboratory values at admission included hemoglobin of 6.9 g/dl.

After a transfusion of packed red blood cells, an esophago-gastroscopy was performed. The endoscopic examination revealed a foreign body in the gastric fundus and intensive active bleeding (Fig. 1). We proceeded to the endoscopic removal of the foreign body, causing intense bleeding (Fig. 2) that was stopped immediately with the injection of 1 cc of a mixture (0.5 cc of cyanoacrylate and 1.5 cc of lipiodol). The histological report of the foreign body revealed a chicken
bone (Fig. 3). No further haemorrhage recurrence occurred and an endoscopy procedure was repeated at weeks 2 and 8, when no lesion was seen.

DISCUSSION

Accidental ingestion of foreign bodies most commonly occurs in patients with sensorial deficiency associated with cerebrovascular disease or a psychiatric disorder, and in patients with palatal low sensitivity caused by the use of dental prostheses (2). Areas where impactation is more common after the esophagus include the ileo-cecal and sigmoid colon, where abscess, fistula or free perforation may result (3). In the present case endoscopic treatment for gastric bleeding with cyanoacrylate injection is effective for immediate hemostasis.

REFERENCES