

A bizarre object to swallow

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DESCRIPTION

A 35-year-old mentally retarded man was admitted with a 3-day history of epigastric pain, vomiting and feeling of fullness. Clinically, he was pale, but was not in distress and his vital signs were normal. Abdominal examination revealed deep tenderness and a palpable mass in the epigastrium, but no guarding or rigidity. Routine blood tests were normal, except for iron-deficiency anaemia. Abdominal X-rays showed a foreign body occupying the stomach (figure 1). Attempted endoscopic removal failed. The patient underwent an exploratory laparotomy, which showed

a hard mass within the gastric lumen. The stomach was opened by gastrotomy and the foreign body was removed (figure 2). After washing and unfolding of the objects, it was identified as four door frame rubber seal strips and one metallic ruler (figure 3). He was discharged 5 days later and was well at 6-month follow-up.

Bezoars are concretions of foreign materials that accumulate in the stomach or intestine.¹ A bezoar can be made of hair (trichobezoars), fruits and vegetable fibres (phytobezoars) or any indigestible material.² Swallowing of foreign bodies, is considered part of a personality disorder syndrome, and is commonly encountered in mentally retarded individuals. The world literature is rich with many reports of bizarre swallowed objects. However, this may well be the first case of ingested long door rubber seal strips.

The management in most cases of bezoars is conservative and 'watchful waiting', as most swallowed foreign body will pass naturally or can be left for several years. Surgical intervention is reserved for complications such as perforation, bleeding or obstruction.³



Figure 1 Plain abdominal X-rays showing a foreign body occupying the gastric lumen.

Learning points

- ▶ Ingestion of bizarre foreign objects is commonly encountered in mentally retarded individuals.
- ▶ The management in most cases of bezoars is conservative and 'watchful waiting'.
- ▶ Surgical intervention is reserved for troublesome symptoms and complications such as perforation, bleeding or obstruction.



Figure 2 Operative view of the removal of the foreign body through a gastrotomy (left) and the retrieved foreign body (right).

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Figure 3 The washed foreign body: four rubber seal strips and a metallic ruler.

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