

# Beware of what you eat: small bowel obstruction caused by freekeh bezoars

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## DESCRIPTION

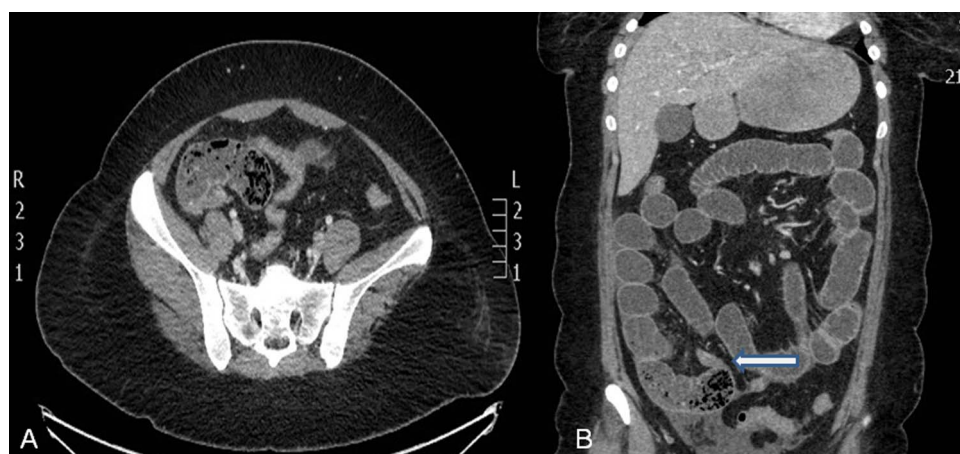
A 21-year-old girl was admitted as an emergency with a 22 h history of severe colicky central abdominal pain and repeated vomiting. She was passing flatus only, and denied any history of similar

symptoms or abdominal operations. She reported eating *freekeh* the night before presentation. Clinically, she was afebrile, with tachycardia (104 bpm). The abdomen was mildly distended with deep tenderness in the upper abdomen, but no detectable external hernias. Routine blood tests were normal. An abdominal X-ray revealed dilated loops of small bowel (figure 1). CT scan showed mild dilation of the jejunum down to an ovoid intraluminal lesion with mottled gas pattern at the site of obstruction with an abruptly collapsed terminal ileum beyond the lesion (figure 2). She was treated conservatively with a plan to operate if obstruction persists after 24 h. Some 12 h later, she passed a large amount of stool which contained innumerable grains, and the obstruction was relieved.

*Freekeh* is a traditional Middle Eastern dish consisting mostly of specially roasted green wheat. It is believed to have high fibre content as compared to other grains. The literature is full of cases of small bowel obstruction due to phytobezoars composed of various indigestible food particles.<sup>1–3</sup> However, acute small bowel obstruction due to ingestion of a Middle Eastern dish such as *freekeh* has never been reported before. The treatment is usually surgical. However, in this case of *freekeh* bezoar, a short period of conservative treatment after ingestion of gastrograffin contrast, proved beneficial and averted surgical intervention.



**Figure 1** A plain abdominal X-ray (supine position) showing dilated loops of small bowel indicating a small bowel obstruction.



**Figure 2** Transverse (A) and coronal (B) images of a CT scan of the abdomen showing mild dilation of the small bowel loops down to the level of proximal ileum with an ovoid intraluminal mass lesion at the site of the obstruction. The terminal ileum is abruptly collapsed beyond the lesion (B; arrow).

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## Learning points

- ▶ Acute small bowel obstruction may occur after the ingestion of the Middle Eastern dish of *freekeh*.
- ▶ A CT scan of the abdomen with oral gastrograffin contrast is helpful in diagnosis and can actually be therapeutic in some cases.
- ▶ A short period of conservative treatment is worthwhile, as it may prove beneficial and avert surgical intervention.
- ▶ Failure to respond to conservative treatment necessitates exploratory laparotomy.

**Contributors** FA-R wrote the case history. AA-H searched the literature. A-WNM wrote the final draft and was the primary surgeon managing the case.

**Competing interests** None.

**Patient consent** Obtained.

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