

# A new form of gastric banding

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## DESCRIPTION

A 23-year-old woman with a history of Turners mosaicism, learning difficulties and Crohn's disease



**Figure 1** Abdominal CT scan showing significant gastric residue with unusual-looking gastric content.



**Figure 2** Plain abdominal X-ray with no significant abnormalities.

presented with bloody diarrhoea and abdominal pain. Colonoscopy revealed a pancolitis with histology confirming a severe colitis with acute inflammation. A CT scan (figure 1) was requested to rule out a colonic perforation. This described 'significant gastric residue with unusual-looking gastric content'. The identity of the gastric content became apparent when the patient offered the medical staff a loom band bracelet. Of note, the stomach appeared unremarkable on a plain abdominal film (figure 2) and the abnormality was only apparent on CT scan. The consensus after multidisciplinary meeting was that the bands, which are small and flexible, were at very low risk of obstruction,<sup>1</sup> and were allowed to pass naturally.

## Learning points

- ▶ Importance of using conservative measures to manage ingested foreign bodies if less than 5 cm long or 3 cm in diameter.<sup>2 3</sup>
- ▶ Importance of a full visual survey of patients and surroundings prior to their examination.
- ▶ Illustrates difficulties of managing patients with learning difficulties on general medical wards with staff that less frequently manage such patients.

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