A new form of gastric banding
Paul Wolfson, Ross Sayers, Sonia Bouri, Mohamed Shariff

DESCRIPTION
A 23-year-old woman with a history of Turner’s mosaicism, learning difficulties and Crohn’s disease 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, 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.
▸ 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.

Contributors
Overall supervision was provided by MS. Original draft was by PW and RS, with input from SB. All authors were involved in conception, design, acquisition of the data, drafting of the article or revision for important intellectual content. Final approval of published version was from all authors.

Competing interests
None declared.

Patient consent
Obtained.

Provenance and peer review
Not commissioned; externally peer reviewed.

REFERENCES