A Peck-uliar Find

DONALD AND BARBARA ZUCKER SCHOOL of MEDICINE AT HOFSTRA/NORTHWELL

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History of Present Illness

Chief Complaint: Abdominal Pain

Patient is a 65-year-old female with a past medical history of hypertension, hypothyroidism, and GERD, and a past surgical history of right breast lumpectomy and hysterectomy in 2017. She presents with 24 hours of abdominal pain. The patient first experienced sudden-onset of abdominal pain two hours after eating dinner. She states the pain subsided and then woke her out of her sleep. The pain is associated with nausea but no vomiting. It is epigastric, sharp, and radiates to the LUQ and RUQ. The patient is passing gas, and her last bowel movement was yesterday.

Physical Exam

Vitals: T 36.7, HR 78, BP 134/82, RR 18, SpO2 99%

Constitutional: appears stated age, no acute distress.
Eyes: PERRLA, anicteric.
ENMT: no oropharyngeal erythema.
Cardiovascular: regular rate and rhythm, +S1/S2.
Respiratory: lungs clear to auscultation bilaterally.
Gastrointestinal: soft, tender to palpation in epigastrium with minimal guarding, nondistended, no rebound tenderness.
Extremities: full range of motion.
Neurological: no focal neurologic deficits.
Psychiatric: alert and oriented x 3, appropriate affect.
Skin: warm and dry, no jaundice.

Diagnostic Results

CBC: WBC – 11
CMP: WNL
VBG: Lactate – 2.5
Lipase: WNL
EKG: normal sinus rhythm
RUQ US: no evidence of cholelithiasis or cholecystitis

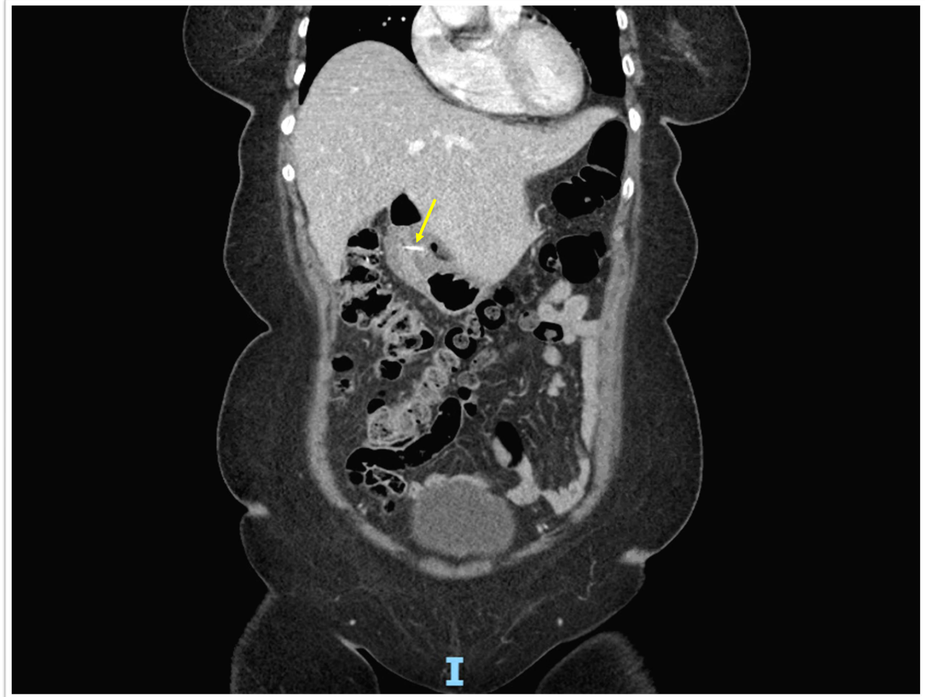

Figure 1: Scout Abdominal CT, AP view. Yellow arrow shows radiopacity in gastric antrum, suggestive of foreign body.

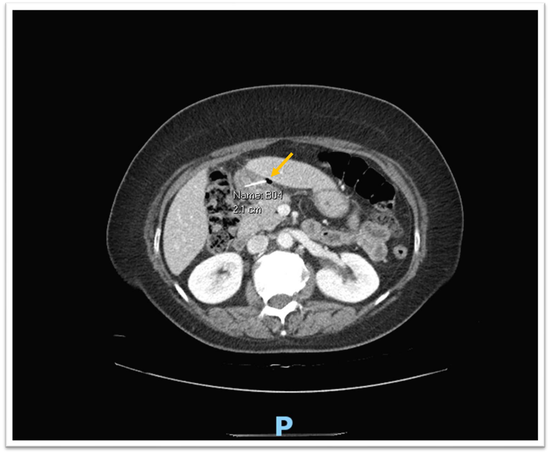

Figure 2: Abdominal CT, axial view. Orange arrow shows radiolucency suggestive of gastric antrum perforation and adjacent pneumoperitoneum.

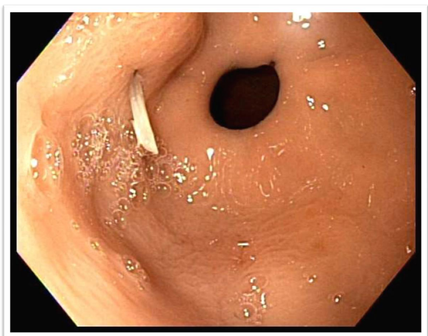

Figure 3: Endoscopic image of the gastric antrum showing foreign body (upper left).

Clinical Questions

1. What do the CT images demonstrate?
2. What are indications for urgent surgery consult and abdominal exploration?

Answers:

1. A 2.1 cm linear radiopacity, suggestive of a foreign body in the gastric antrum, with penetration of the gastric wall and adjacent droplets of pneumoperitoneum.
2. Worsening abdominal pain, signs of diffuse peritonitis, bowel ischemia, bowel obstruction, and sepsis.

Case Discussion

CT scan showed a 2.1 cm foreign body, most likely a chicken bone, in the gastric antrum with small droplets of pneumoperitoneum. The patient was admitted for GI consultation and endoscopic removal of the bone. She was started on IV Piperacillin / Tazobactam and IV Fluconazole. The chicken bone was endoscopically retrieved from the gastric antrum, followed by clip placement to seal the perforation. She remained stable and was discharged the next day on oral amoxicillin clavulanate and fluconazole.

Clinical Pearls

- Foreign body ingestion in adults is rare and usually accidental.
- Most foreign body ingestions pass without the need for intervention (80-90%).
- Patients with an intra-abdominal perforation often present with back pain and epigastric pain radiating to the shoulder.
- CT is indicated for known sharp or foreign body ingestions and for suspected perforation based on clinical or radiographic findings.
- Sepsis can rapidly develop within hours of presentation. Begin these patients on broad-spectrum antibiotics.

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