

Pieces of trash bag in the stomach

Midede çöp torbası parçaları

To the Editor

Foreign body ingestion is frequently seen in prisoners, psychiatric patients, alcoholics, and senile patients (1–2). Up to 90% of the foreign bodies will pass through the gastrointestinal tract on their own, 10% to 20% require endoscopic management, and approximately 1% require surgical management (3). The clinical presentation of the patient mostly depends on the type of the ingested object. Blunt objects usually cause obstruction and sharp ones carry a risk of perforation (4).

A 53-year-old man was admitted to our clinic with complaints of two-weeks' duration of nausea, vomiting, weight loss and epigastric pain. The patient had been undergoing hemodialysis for chronic renal failure (CRF) for one year at the time of admission. Before hospitalization, he had been evaluated and these complaints had been attributed to uremic state. Afterward, the hemodialysis session had been increased to three times per week. In spite of the increase in hemodialysis sessions, the complaints of the patients had continued. On evaluation in our hospital, he did not have any remarkable history of illness except for CRF and hypertension. He had experienced insomnia, forgetfulness and problems related with his social life in the last one month. Pale conjunctiva and mild epigastric tenderness with deep palpation were found in physical examination. Laboratory evaluation revealed white blood cell 6800/mm³, hemoglobin 10.2 g/dl, hematocrit 34%, platelet 350,000/mm³ and creatinine 2.1 mg/dl.

An upper gastrointestinal system endoscopy revealed pieces of trash bag impacted on the mucosa of antrum (Figure 1, 2). The larger piece of trash bag was removed with a snare. During the procedure, the airway was protected with an overtube. Multiple ulcers and erosive areas were observed on the mucosal impaction site of the bag as soon as the

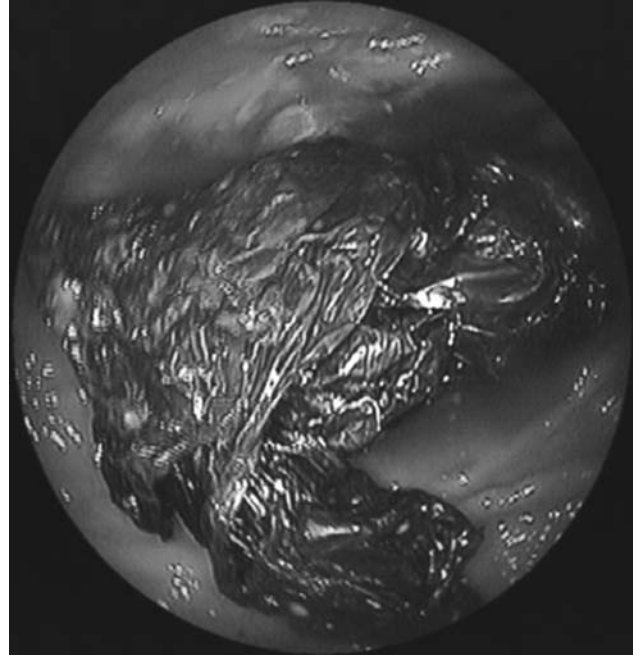


Figure 1. The larger piece of trash bag in the antrum

trash bag was removed; there was also a smaller piece of trash bag, one tip of which was inserted into the pylorus, located in the antrum (Figure 2). After removal of the smaller piece of the trash bag with a snare, the bulbous and the second part of the duodenum were evaluated and found normal. *Helicobacter pylori* (*Hp*) was found positive. Treatment with proton pump inhibitor and eradication for *Hp* were given. In addition, psychiatric consultation was made and the patient was diagnosed with depression. The consultant also stated that the patient was not in uremic encephalopathy. An additional treatment for depression was ordered for the patient. The patient was free of any symptom one month after the start of treatment in the follow-up.

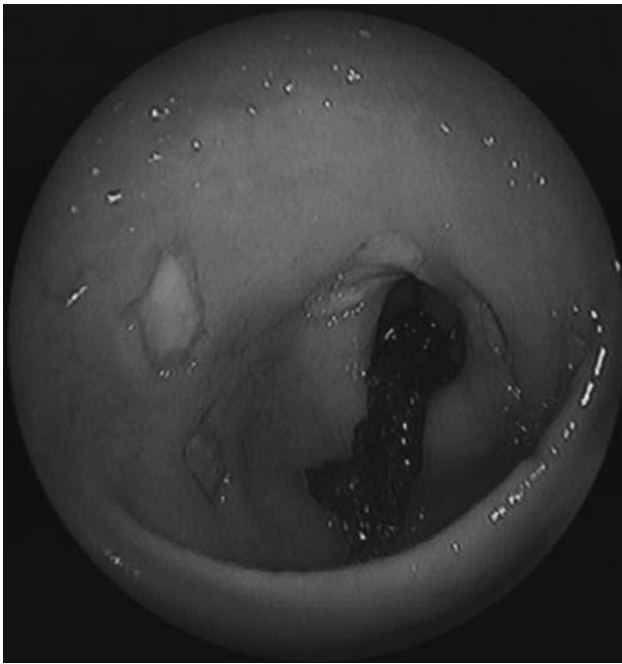


Figure 2. Ulcers and erosions in the area of impaction and the smaller piece of trash bag, one tip of which was inserted into the pylorus, in the antrum

The majority of ingested foreign bodies pass spontaneously; those greater than 2 cm in diameter or 5 cm in length are at risk of impaction (5). The patient confessed that he ingested two pieces of trash bag one week before the start of symptoms, but he declined to give the reason for doing so. The important points in this report are: firstly, risky patients should always be suspected of foreign body ingestion in the presence of any gastrointestinal symptoms; secondly, any change in the severity and/or type of the symptoms in a chronic patient necessitates a total evaluation of the patient as if s/he is a new patient before attributing the symptoms to the chronic disease present in the patient; thirdly, patients with chronic diseases should be periodically evaluated for the presence of psychiatric disorders; and finally, endoscopic management should be the first diagnostic tool in the evaluation of gastrointestinal symptoms in the population at risk for foreign body ingestion.

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