

polypoid mass endoscopically. Histologically, melanoma is mainly composed of atypical epithelioid or spindle cells. The absence of atypic melanocytic cells is essential for the exclusion of melanoma. Endoscopic differential diagnoses also include anthracosis, hemosiderosis, dye ingestion, and lipofuscin deposition (pseudomelanosis). These lesions may give rise to a similar endoscopic appearance

and can be excluded by identifying the nature of the pigment on histologic examination (1, 4).

Esophageal melanocytosis is a rare lesion that has no specific symptomatology and is usually discovered incidentally on endoscopy. There is no evidence of malignant transformation, and reported data suggest that this lesion requires no treatment or surveillance (5).

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Stomach full of ingested foreign bodies: More than a "metallic taste"

Yabancı cisimlerle dolu mide: Metalik tatdan daha fazlası

To the Editor,

A 20-year-old male was admitted to our gastroenterology outpatient clinic with complaints of dyspepsia and bloating. Upon further questioning, his parents reported that the patient had some psychological problems and had a habit of swallowing metallic objects. The physical examination was remarkable only for epigastric tenderness without peritoneal signs. A plain abdominal radi-

ograph revealed numerous accumulated foreign bodies in the stomach (Figure 1). During upper gastrointestinal endoscopic examination, we observed several foreign objects, including several nails, keys, safety pins, clippers, and a metallic identification tag, which were heaped together in the stomach cavity (Figure 2). Removal of some of the objects was attempted with forceps and a stan-

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Manuscript received: 31.07.2009 **Accepted:** 01.10.2009

doi: 10.4318/tjg.2010.0111

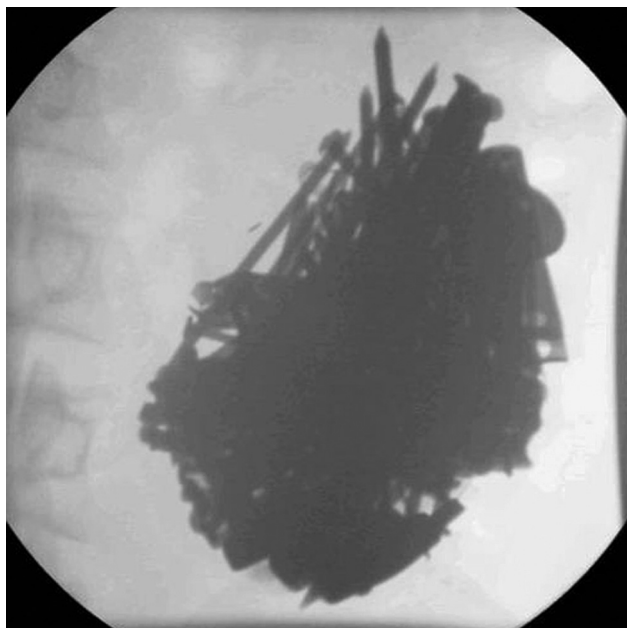


Figure 1. Plain abdominal radiograph showing numerous accumulated foreign bodies in the stomach.

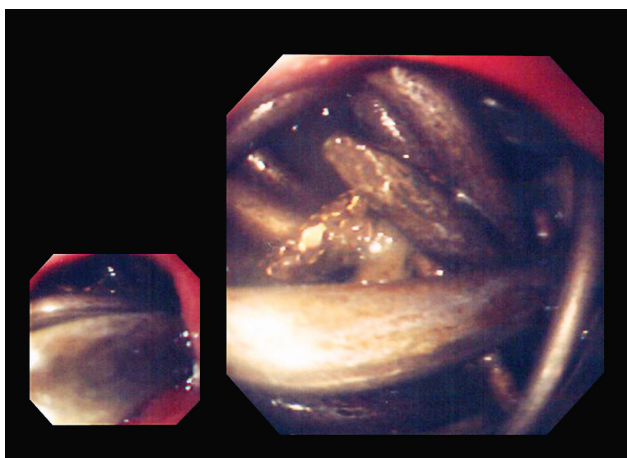


Figure 2. Endoscopy of the upper gastrointestinal system showing multiple metallic objects in the corpus of the stomach.

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dard snare, but it was nearly impossible to separate one from the other. There seemed to be a physical attraction between the objects. All of our attempts for removal of the foreign bodies failed. Upon discussion of our endoscopic impressions with the patient's parents, it was learned that he had swallowed a magnet at some point, which explained our difficulty in separating the metallic objects. As the endoscopic approach proved to be futile, the patient was transferred to the department of surgery for surgical treatment.

Intentional swallowing of foreign objects is an infrequent but important phenomenon in psychiatric patients. Although a majority of ingested foreign bodies pass through the gastrointestinal tract uneventfully, complications have been reported in up to 35% of patients ingesting sharp-pointed objects (1). Magnets represent a special category of ingested foreign bodies. When more than one magnet is ingested, it can give rise to serious complications such as perforation or fistulization owing to magnetic attraction across portions of the intestinal wall (2, 3). The salient features of this case are two-fold: first, there were numerous metallic objects filling the stomach cavity, some of which were very hard to swallow and sharp-pointed, posing an obvious risk of perforation, and second, the presence of a magnet among the ingested foreign objects seems to have prevented further complications (i.e. obstruction or perforation) that would have otherwise ensued with the passage of the objects to the intestine. Ironically, the ingestion of the magnet possibly saved this patient's life. In closing, we suggest that in a case with accumulated metallic foreign bodies detected in the stomach, especially in patients with psychiatric disorders, magnet ingestion should be questioned.

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