

## REFERENCES

1. Noguchi T, Takeno S, Sato T, et al. A patient with primary gastric choriocarcinoma who received a correct preoperative diagnosis and achieved prolonged survival. *Gastric Cancer* 2002; 5: 112-7.
2. Wurzel J, Brooks JJ. Primary gastric choriocarcinoma: immunohistochemistry, postmortem documentation, and hormonal effects in a postmenopausal female. *Cancer* 1981; 48: 2756-61.
3. Mori H, Soeda O, Kamano T, et al. Choriocarcinomatous change with immunocytochemically HCG-positive cells in the gastric carcinoma of the males. *Virchows Arch A Pathol Anat Histol* 1982; 396: 141-53.
4. Hartz PH, Ramirez CA. Coexistence of carcinoma and chorioepithelioma in the stomach of a young man. *Cancer* 1953; 6: 319-26.
5. Garcia RL, Ghali VS. Gastric choriocarcinoma and yolk sac tumor in a man: observations about its possible origin. *Hum Pathol* 1985; 16: 955-8.
6. Krulewski T, Cohen LB. Choriocarcinoma of the stomach: pathogenesis and clinical characteristics. *Am J Gastroenterol* 1988; 83: 1172-5.
7. Yakeishi Y, Mori M, Enjoji M. Distribution of beta-human chorionic gonadotropin-positive cells in noncancerous gastric mucosa and in malignant gastric tumors. *Cancer* 1990; 66: 695-701.

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## Endoscopic removal of an ingested toothpick from the prepyloric antrum in an adult woman

*Erişkin bir kadında prepiloric antruma saplanmış kürdanın endoskopik olarak çıkarılması*

To the Editor,

Accidental ingestion of foreign bodies in adults is usually attributed to underlying psychiatric disorders or mental retardation (1). Sharp and long objects present a higher risk for gastrointestinal tract perforation. Thus, obtaining a diagnosis before any complication in the case of toothpick ingestion becomes important (2). Here, we report a conscious adult woman in whom an ingested toothpick had migrated to the prepyloric antrum.

A 48-year-old female was admitted to our clinic with epigastric pain for the past three days. Physical examination and routine laboratory investigation were unremarkable. She denied any alcohol consumption or use of any other legal or illegal medications. She was a non-smoker. Upper gastrointestinal endoscopy revealed an impacted, rigid, white, 3-4 mm, undetermined object in the prepyloric antrum (Figure 1). The object, which was removed with biopsy forceps, was a broken to-

othpick that had migrated through the gastric mucosa (Figures 2, 3). Subsequently, the patient recalled the possibility of ingestion of a toothpick three days before while eating Turkish kebab. One week after the successful procedure, the patient remained symptom-free.

The ingestion of foreign bodies, especially sharp ones, and localization of the objects in the esophagus or intestine usually result in some complications (2-4). Perforation of the gastrointestinal system tract anywhere from the esophagus to the terminal ileum resulting in peritonitis or abscess is the main fatal complication. Despite declining our recommendation of assessment by computed tomography (CT) even after the successful removal of the toothpick to check for the presence of abscess formation, our patient did not face any complication during the endoscopic examination or the follow-up period as an outpatient (5). It is neces-

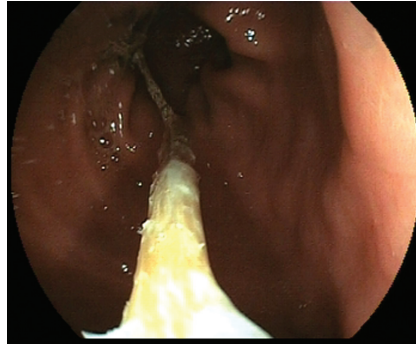
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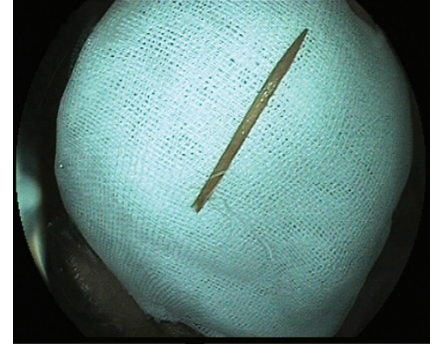
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**Figure 1.** An undetermined object in the prepyloric antrum was noted on upper gastrointestinal endoscopy.



**Figure 2.** The removal of this object with biopsy forceps revealed a broken toothpick that had migrated through the gastric mucosa.



**Figure 3.** Successful endoscopic removal of the foreign body revealed a broken toothpick.

sary to perform abdominal CT before an endoscopic examination in order to understand the extension of the toothpick (5). However, we did not consider the possibility of toothpick ingestion initially given the lack of history of any foreign body ingestion and the good mental status of the patient.

In conclusion, endoscopy should be performed as soon as possible after establishing a history of foreign body ingestion. Assessment by CT before endoscopic treatment is also preferable in order to predict the underlying situation according to the migration of the foreign object.

## REFERENCES

1. Hung SC, Pan CC, Lai SW. Rare cause of abdominal pain in a healthy woman. *South Med J* 2007; 100: 615.
2. Coban S, Başar O, Köklü S, et al. A toothpick in the antrum. *Dig Dis Sci* 2005; 50: 1880-1.
3. Schäfer C, Graser A, Wagner A. Unusual cause for dysphagia: perforation of the proximal esophagus by a toothpick. *Endoscopy* 2008; 40 (Suppl): E217-8.
4. Lanthaler M, Grissmann T, Schwentner L, Nehoda H. Unusual differential diagnosis of upper abdominal pain. *Diagn Ther Endosc* 2009; 2009: 817052.
5. Matsubara M, Hirasaki S, Suzuki S. Gastric penetration by an ingested toothpick successfully managed with computed tomography and endoscopy. *Intern Med* 2007; 46: 971-4.

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## Small bowel obstruction: A presenting symptom of squamous cell carcinoma of the lung

*İnce barsak obstrüksiyonu: Skuamöz hücreli akciğer kanserinin ilk belirtisi*

*To the Editor,*

Lung cancer is a major cause of cancer-related mortality and morbidity in the world. While me-

tastases of lung cancer are very common, small intestinal metastases are rarely associated with the

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