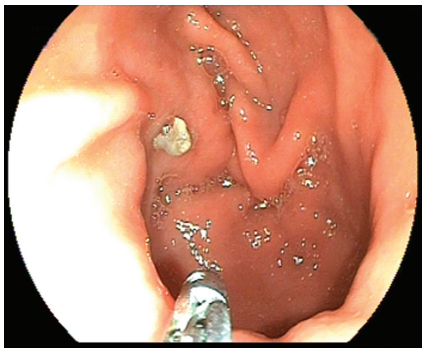

Figure 1. An undetermined object in the prepyloric antrum was noted on upper gastrointestinal endoscopy.

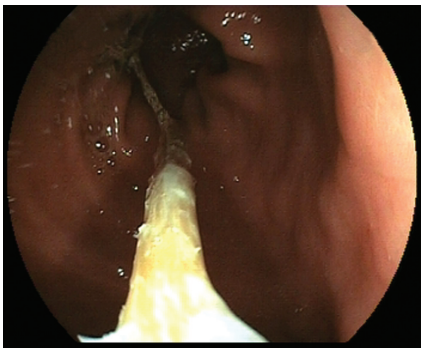

Figure 2. The removal of this object with biopsy forceps revealed a broken toothpick that had migrated through the gastric mucosa.

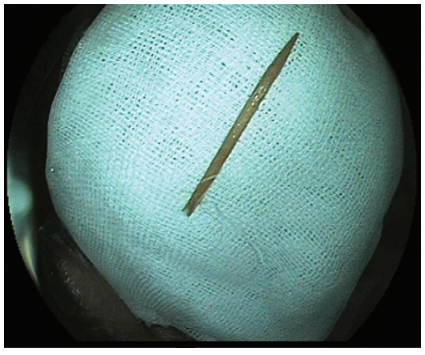

Figure 3. Successful endoscopic removal of the foreign body revealed a broken toothpick.

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.

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

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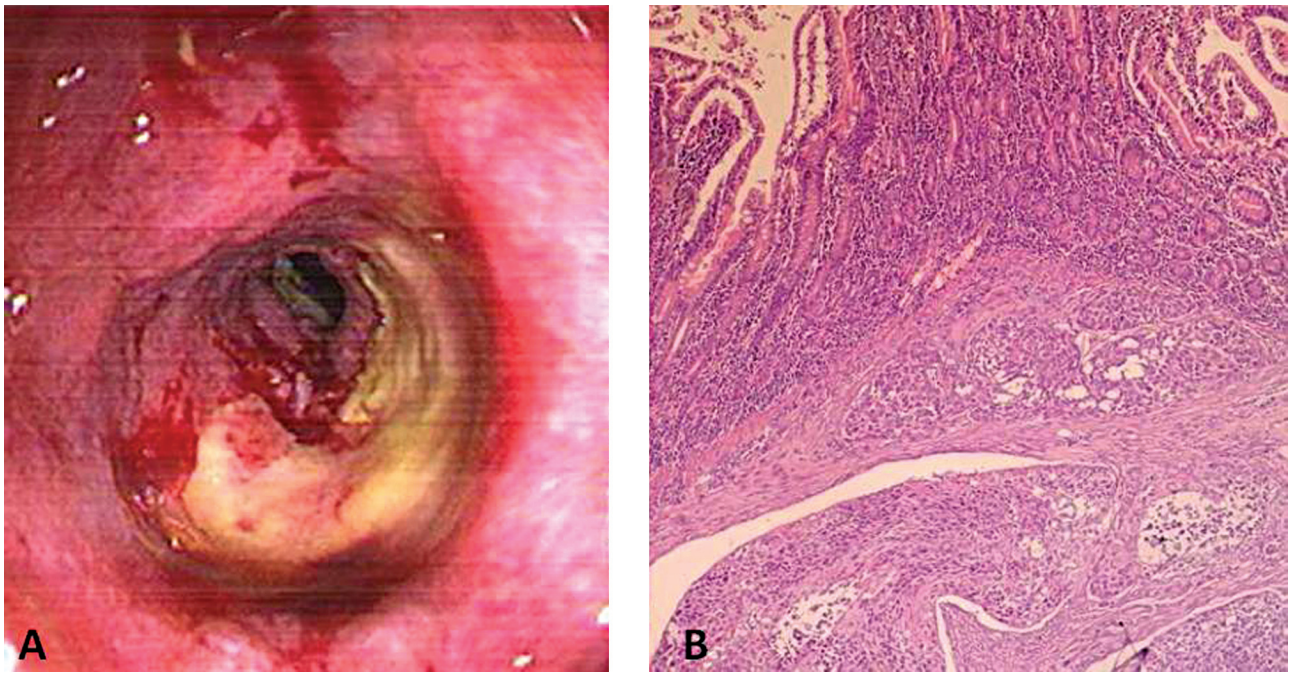

Figure 1. A. Endoscopy demonstrated ulcerated and circumferential tumoral invasion in the efferent loop. **B.** Squamous cell carcinoma without keratinization (hematoxylin and eosin; magnification x 200).

presentation of this malignancy (1,2). Here, we report a case of squamous cell carcinoma of the lung in which the initial symptoms were caused by intestinal obstruction related with small bowel metastases.

A 59-year-old male was admitted to our hospital because of vomiting and abdominal pain. He had undergone gastric surgery for peptic ulcer 26 years ago. An endoscopic examination revealed a simple gastrojejunostomy and intact pylorus. The stoma of the gastrojejunostomy and the afferent loop were normal. The efferent loop was circumferentially obstructed by tumoral infiltration at a 10 cm distance from the stoma (Figure 1A). Biopsy showed squamous cell carcinoma without keratinization (Figure 1B). Computed tomography (CT) scan of the abdomen confirmed diffuse small bowel wall thickening and revealed that the left main bronchus was surrounded by a soft tissue lesion 5x6 cm in size. In view of his symptomatic obstruction, he underwent a laparotomy. The involved segment was resected and gastrojejunostomy was performed. Postoperatively, symptomatic relief was achieved, and he was referred to oncology with a diagnosis of lung cancer metastasizing to the small bowel.

The most common metastases to invade the small intestine are of gastrointestinal and gynecologic origin (1). The frequency of symptomatic small intestinal metastases of lung cancer have been reported as between 0.1-0.5% (1,2). Clinical manifestations include gastrointestinal obstruction, bleeding and perforation (2,3). Perforation requires emergency surgery. Bleeding and obstruction can be diagnosed and treated endoscopically because surgery is associated with a high morbidity and mortality in this group of patients (1,4). We were not able to palliate the small intestinal obstruction of our patient by endoscopic intervention because of a long-segment involvement.

Even though small bowel obstruction as a presentation of lung cancer is rare, it should be considered in the differential diagnosis.

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Very rare coincidence: Perforated duodenal ulcer and olive seed phytobezoar

Çok nadir bir birliktelik: Duodenal ülser perforasyonu ve zeytin çekirdeği fitobezoarı

To the Editor,

Ingestion of olive seeds has become very popular among housewives in Turkey following the suggestions of paramedical quack healers seen on television. We present an unusual case of perforated duodenal ulcer (PDU) coinciding with gastric phytobezoar caused by the ingestion of olive seeds, which is extremely rare.

A 43-year-old female patient was operated due to PDU, which coincided with gastric phytobezoar caused by the ingestion of olive seeds. The patient was a housewife with low socioeconomic status living in the city of Ankara. She had suffered from DU for two years and was treated with proton pump inhibitors; she had no known psychiatric disorder. A physical examination revealed rebound tenderness upon palpation. Free air under the diaphragm was visible on the plain abdominal X-ray, but no mass was detected because of the radiolucent olive seeds. On explorative laparotomy, the PDU, huge stomach due to the pyloric stenosis and gastric phytobezoar caused by the ingestion of olive seeds were observed. The stomach was completely filled with olive seeds. At the same time, the site of perforation was found in the distal pyloric stenosis. Therefore, the perforation was independent of the gastric phytobezoar. The gastric phytobezoar was extracted totally by expanding the perforation area (Figure 1). In addition, Judd pyloroplasty and bilateral truncal vagotomy were performed. The postoperative course was uneventful, and the patient was discharged from the hospital on the seventh postoperative day.

A bezoar is an accumulation of ingested foreign material (1,2). The indigestible food fibers form a mass and finally an obstructive ileus. The majority of bezoars are in the stomach. Trichobezoar

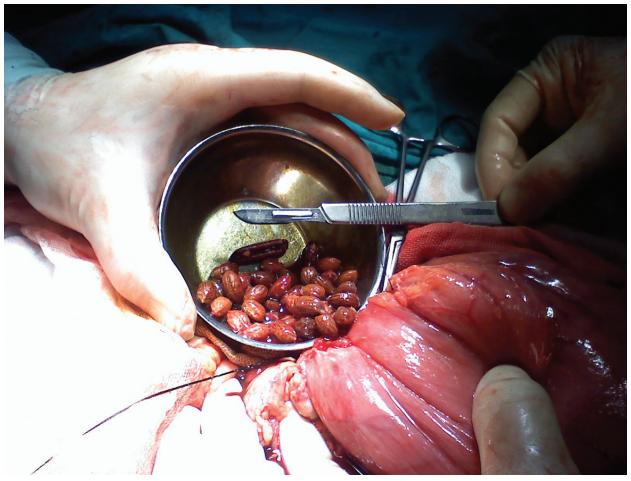

Figure 1. The gastric phytobezoar caused by the ingestion of olive seeds was extracted totally by expanding the perforation area.

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