

Letter to Editor

Do not hammer a wrench: remove endoscopically

Dear Editor,

We read the article titled "Metalophagia: Splenic artery pseudoaneurysm after foreign body ingestion and retrieval" with enthusiasm [1]. As the consultant gastroenterologists on this case, we can attest that this was a very challenging case in many aspects. The authors provided an overview of an approach to the management of foreign body ingestion and its related complications, and we would like to share our perspective.



Fig. 1 – Wrench extending beyond gastro-esophageal junction.

The case is also unique as it is the first reported case, to the best of our knowledge, of endoscopic removal of a large 10-inch wrench. Although removal of large objects carries potential risks, one of the most fearsome complications is perforation among many others reported. In this case, the authors concluded that the endoscopic removal was the cause of splenic artery aneurysm. Although this is not impossible, it is very unlikely in this instance due to the fact that the patient presented to the hospital with hematemesis and required several units of blood transfusions prior to the attempt of endoscopic removal. In addition to this, endoscopy revealed a large volume of blood in the stomach prior to endoscopic removal attempt. The endoscopic image shows wrench extending beyond gastro-esophageal junction and embedded into the stomach which is filled with blood clots (Fig. 1). All of these findings indicate that development of the aneurysm was a consequence of direct injury from the large metallic object rather than the endoscopic removal.

Ultimately, with a multidisciplinary approach, this case has been successfully treated and patient was discharged home with stable condition.

REFERENCE

 Marjara J, Al Juboori A, Aggarwal A, Davis RM, Bhat AP. Metalophagia: Splenic artery pseudoaneurysm after foreign body ingestion and retrieval. Radiology Case Reports 2020;15(8):1149–54. ISSN 1930-0433. doi:10.1016/j.radcr. 2020.04.061.

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