

IMAGES IN EMERGENCY MEDICINE

Gastrointestinal

Woman with abdominal pain and feverAunika L. Swenson MD¹ | Grant S. Lipman MD² | Eddie C. M. Garcia MD³¹Stanford Emergency Medicine Residency, Stanford, California, USA²Department of Emergency Medicine, O'Connor Hospital, San Jose, California, USA³Department of Emergency Medicine, Stanford University School of Medicine, Stanford, California, USA**Correspondence**

Aunika Swenson, MD, Stanford Emergency Medicine Residency, Stanford, CA, USA.

Email: aunikaswenson@gmail.com**1 | CASE PRESENTATION**

A 79-year-old woman with diabetes, hypertension, and chronic kidney disease presented to the emergency department with 2 days of fever, vomiting, diarrhea, and abdominal pain. The patient recently returned from Belize where she was eating seafood. On examination, she had a temperature of 39.4°C, heart rate of 127 beats/min, and right upper quadrant abdominal tenderness. Computed tomography with intravenous contrast was obtained.

2 | DIAGNOSIS

Unintentional foreign body ingestion with pyloric perforation and hepatic abscess.

A 3.1 × 1.6 cm heterogeneous multicystic hepatic lesion was found with a linear hyperdensity (suspected fish bone) extending into the gastric pylorus (Figure 1). The patient underwent exploratory laparoscopy with concurrent endoscopy that found the liver adherent to the stomach wall. The foreign body was palpable but could not be removed. It was thought the perforation had healed behind the foreign body. A percutaneous drain was placed and the patient was treated with intravenous cefepime and metronidazole.

Unintentionally ingested foreign objects are a common occurrence; 80%–90% pass spontaneously and less than 1% require surgical intervention.¹ Endoscopy is recommended for impacted foreign bodies in the stomach or duodenum, if safely retrievable.² Sharp objects, including fish bones, chicken bones, or toothpicks, have increased risk of perforation,² with fish bones the most common ingested foreign objects associated with liver abscesses.^{3,4} Patients are often unaware

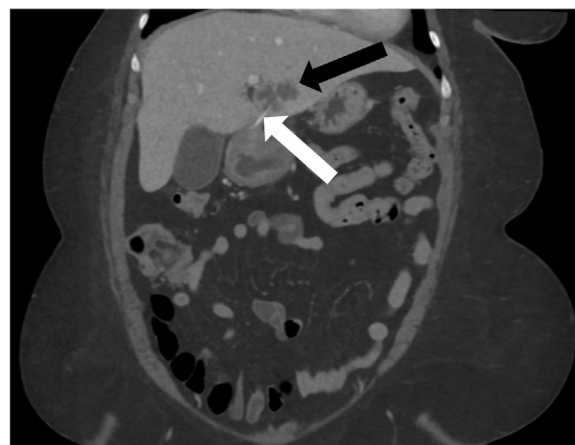


FIGURE 1 Computed tomography (coronal view) demonstrating a linear hyperdense object (white arrow) extending from the gastric pylorus into a heterogeneous left hepatic lobe lesion (black arrow)

of the initial ingestion, and nonspecific symptoms may represent an abscess formation.³ Management of liver abscesses from ingested foreign objects may require a multidisciplinary approach with surgery, percutaneous drainage, and intravenous antibiotics.⁵

REFERENCES

1. Sugawa C, Ono H, Taleb M, Lucas CE. Endoscopic management of foreign bodies in the upper gastrointestinal tract: a review. *World J Gastrointest Endosc.* 2014;6(10):475-481.
2. Ikenberry SO, Jue TL, Anderson MA, et al. Management of ingested foreign bodies and food impactions. *Gastrointest Endosc.* 2001;73(6):1085-1091.

This is an open access article under the terms of the [Creative Commons Attribution-NonCommercial-NoDerivs](https://creativecommons.org/licenses/by-nc-nd/4.0/) License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

© 2022 The Authors. *JACEP Open* published by Wiley Periodicals LLC on behalf of American College of Emergency Physicians

3. Santos SA, Alberto SC, Cruz E, et al. Hepatic abscess induced by foreign body: case report and literature review. *World J Gastroenterol*. 2007;13(9):1466-1470. [10.3748/wjg.v13.i9.1466](https://doi.org/10.3748/wjg.v13.i9.1466).
4. Leggieri N, Marques-Vidal P, Cerwenka H, et al. Migrated foreign body liver abscess: illustrative case report, systematic review, and proposed diagnostic algorithm. *Medicine (Baltimore)*. 2010;89(2):85-95. [10.1097/MD.0b013e3181d41c38](https://doi.org/10.1097/MD.0b013e3181d41c38).
5. Sim GG, Sheth SK. Retained foreign body causing a liver abscess. *Case Rep Emerg Med*. 2019;2019:4259646. [10.1155/2019/4259646](https://doi.org/10.1155/2019/4259646).

How to cite this article: Swenson AL, Lipman GS, Garcia ECM. Woman with abdominal pain and fever. *JACEP Open*. 2022;3:e12701. <https://doi.org/10.1002/emp2.12701>