

**IMAGES IN EMERGENCY MEDICINE****Gastroenterology**

# Elderly woman with abdominal pain

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## 1 | PATIENT PRESENTATION

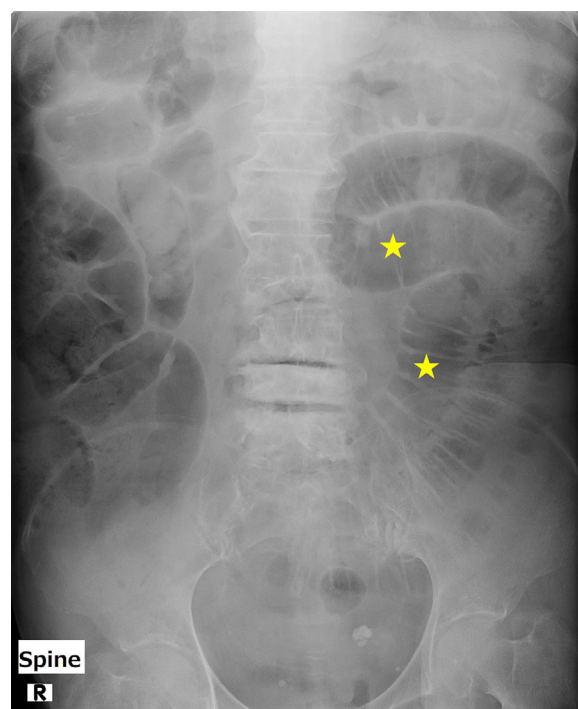
A 77-year-old woman with schizophrenia complained of abdominal pain lasting 4 hours. She had hurriedly consumed baked rice cakes 11 hours earlier, after which she immediately developed nausea and abdominal discomfort. After dinner, her symptoms worsened with pain and vomiting. On presentation, her vital signs were stable. She had sustained periumbilical pain and hyperactive bowel sounds without guarding and rigidity. Abdominal radiography showed dilated small bowel (Figure 1). Computed tomography showed high-density lesions in the stomach (Figure 2) and small bowel (Figure 3), which caused bowel obstruction and proximal bowel dilation (Figure 3). Cancer or other foreign bodies were not indicated.

## 2 | DIAGNOSIS

Small bowel obstruction following rice cake consumption was diagnosed.

Emergency endoscopy indicated rice cakes in the gastric fornix. We retrieved the rice cakes, to the best of our ability, using forceps and a basket snare. The patient was managed conservatively with nasogastric intubation, and oral feeding was discontinued until dilated bowel resolution. She was discharged 14 days post-admission without sequelae.

Rice cakes, known as mochi, traditionally eaten during the Japanese New Year, may be consumed all year-round. The main component of this meal is indigestible amylopectin.<sup>1</sup> Several case studies report that rice cakes may cause small bowel obstruction if inadequately chewed, with >20 mm bezoars forming, and in some cases, surgery may be required.<sup>2</sup> Further, rice cakes can cause gastric outlet or duodenal obstruction.<sup>3</sup> Special attention should be paid to patients with



**FIGURE 1** Abdominal radiography demonstrating dilated small bowel (star)

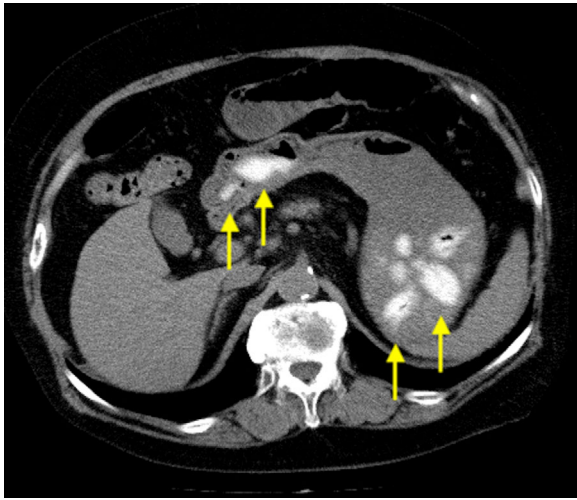
mental illness who develop abdominal pain after eating indigestible foods, such as rice cakes. In this case, endoscopic treatment did prevent further complications.

### FUNDING

The authors declare that they did not receive any specific grant from funding agencies in the public or private sectors.

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**FIGURE 2** Computed tomography with axial view reconstruction demonstrating a high-density lesion in the stomach (arrow)



**FIGURE 3** Computed tomography with coronal view reconstruction demonstrating a high-density lesion in the small bowel (arrowhead) and dilated intestine (star)

## CONFLICT OF INTEREST

The authors declare no conflict of interest.

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**How to cite this article:** Yamagishi T, Furukawa K, Ishikawa H. Elderly woman with abdominal pain. *JACEP Open* 2020;1:141–142. <https://doi.org/10.1002/emp2.12020>