


IMAGES IN EMERGENCY MEDICINE

Imaging

Foreign body complication

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KEYWORDS

appendectomy, appendicitis, CT scan of abdomen, fishbone, strange body

1 | PATIENT PRESENTATION

A 50-year-old man presented at the emergency department (ED) with pain in the right iliac fossa (RIF) for 10 days associated with nausea, vomiting, fever, and dysuria. On admission examination, he was afebrile, anicteric, with negative Giordano's sign, and there was severe tenderness on deep palpation of the RIF. His vital signs were normal. Blood tests revealed elevated leukocytosis, no anemia, normal kidney function, amylase, and lipase level. A computed tomography (CT) scan of the abdomen was performed showing the presence of a foreign body (FB), a fishbone, inside cecal appendix, with the formation of an abscess (Figure 1). An open appendectomy was performed, with signs of perforation. The patient was discharged 5 days after surgery.

2 | DIAGNOSIS: ACUTE APPENDICITIS CAUSED BY FOREIGN BODY INGESTION

FB ingestion is a common condition at ED, mainly among children (80% cases).^{1,2} In appendix, the FB can cause acute appendicitis, perforations, periappendiceal abscess, and peritonitis.³ Although fishbone is one of the most ingested FB, it rarely causes perforation of the appendix.⁴ Ingested fishbone can get impacted in any part of the digestive tract and cause serious complications (perforation, abscess, and tract obstruction). Due to poor peristaltic movement, the appendix is



FIGURE 1 Coronal computed tomography (CT) scan of abdomen reconstruction demonstrates an extensive inflammatory process involving the cecal appendix, with phlegmon formation at the tip surrounding a linear hyperdensity—fishbone (yellow arrowhead).

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unable to expel the FB back to the cecum, leading progressively to inflammation with a high risk of appendix perforation.⁵ CT scan has high sensitivity and specificity to detect fishbone showing as a linear calcified object surrounded by inflammation.⁶ Surgical treatment is the best management in the case of fishbone-induced appendicitis.⁷

CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

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