



An Uncommon Cause of Colonic Sub-Occlusion

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Introduction

Foreign bodies ingested usually pass the entire gut uneventfully. Toothpick injury is a rare condition: its presentation is commonly abdominal pain; however, findings are unspecific [1]. The most frequent locations for toothpick-related perforation include esophagus, stomach, colon: others are rare. Laparotomy is the treatment of choice in a majority of cases [2].

Case Report

A 59-year-old man presented to the E&A for a 3 days lasting abdominal pain. Clinical examination revealed abdominal pain on the left lower quadrant. X-ray showed dilatation of the transverse colon and a minimal dilatation of the small bowel, while the CT showed a thickening of the ascending colon. Thus, the patient was managed conservatively with fasting, nasogastric tube and antibiotics. To rule out a diagnosis of cancer, a colonoscopy was scheduled to perform a biopsy. The whole colon was explored until the ileocecal valve (Figure 1) with a withdrawal time of 8 minutes and in presence of adequate toilette. At 45 cm from the anus, there was a glimpse of a foreign body (Figure 2) which became evident to be a toothpick partially stuck in the colonic wall, after scope repositioning and back-forth re-inspection of the segment (Figure 3). Therefore, the toothpick was pulled out gently using a diathermy loop (Figure 4), revealing edema and hyperemia. Subsequent questioning of the patient unveiled a history of homemade sandwiches packaged with toothpicks. He was advised for 24-hours fasting and 7-days antibiotics.

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Figure 1: Endoscopic finding of the ileocecal valve.



Figure 2: The foreign body barely visible during withdrawal time.

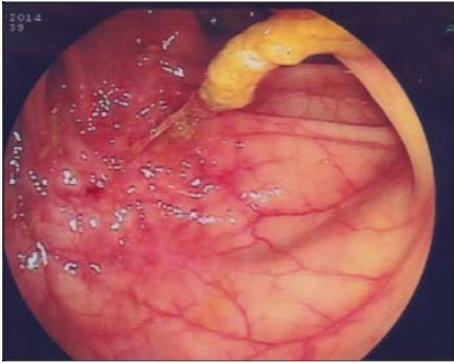


Figure 3: Endoscopic finding of a toothpick, after scope repositioning and back-forth re-inspection of the segment.

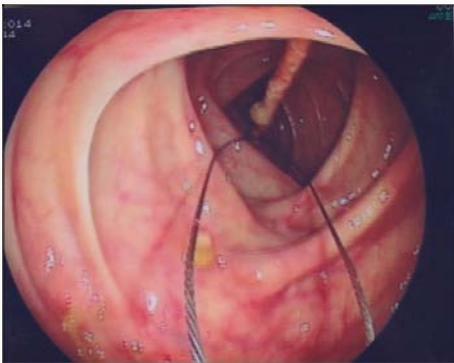


Figure 4: Endoscopic removal of the toothpick using a diathermy loop.

Conclusion

The presence of a foreign body can mimic colonic cancer. The gold standard for the diagnosis is colonoscopy performed with long withdrawal time and in presence of optimal toilette. The removal of the foreign body can be pursued endoscopically when there's a low risk for the removal itself or for the endoscopic procedure to cause further.

References

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