



ORIGINAL RESEARCH PAPER

General Surgery

CHRONIC FOREIGN BODY CAUSING STRICTURE IN ILEUM

KEY WORDS:

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INTRODUCTION

Swallowing of foreign bodies is most common in children aged between 6 months and 6 years ,adults is accidental, although it may be linked to physiological, anatomical, mechanical, social and psychiatric factors, Most patients who see the doctor due to foreign body are asymptomatic. Initially the physician must observe and be alert to any alarming signs. Only 1% of the patients that see the doctor because of foreign body ingestion or related complications require surgery. Here we present incidental finding of foreign body in CT imaging associated inflammatory stricture in ileum.

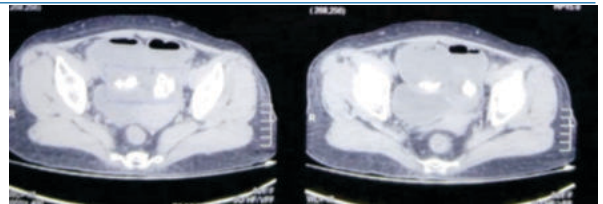
A CASE REPORT

A 60 year old female presented with chronic abdominal pain and loose stools for past one year admitted and evaluated . She had no history of any abdominal surgery or any medical problems or psychiatric illness . On plain x ray abdomen erect showed multiple radio opaque foreign body in small bowel, on CECT.



X ray abd erect showing multiple radio opaque material in small bowel

Showed multiple hyperdense structures with HU of 700, largest of size 14 mm (? Foreign body) with focal dilatation of small bowel maximum 5.3 cm, and focal wall thickening with luminal narrowing for a length of 2.7 cm in mid ileum another thickening noted 30 cm distal to first lesion for length of 3 cm(? inflammatory stricture). On laparotomy two strictures noted 40 cm from ileocecal junction another at 70 cm with bowel wall thickening at stricture site, adjacent mesentery clumped with mesenteric lymphadenopathy. Then proceed with resection and anastomosis between two strictures segment of intestine, specimen was opened there was nine stone foreign body, with thickening of bowel lumen at strictures site



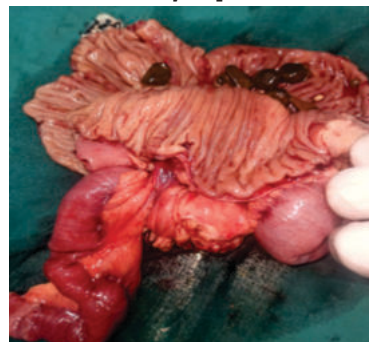
CECT Showed multiple hyperdense structures with HU of 700 with focal dilatation of small bowel



Dilated ileum between inter stricture segment

DISCUSSION

In over 80% of cases, foreign bodies will pass through GIT spontaneously. Between 10% and 20% require endoscopic intervention and 1% may require surgery. The commonest complications of foreign body ingestion include obstruction and perforation. A inflammatory mass may indeed present with diarrhoea and abdominal pain, in a picture identical to Crohn's disease. Important differential diagnoses to exclude include ulcerative colitis, diverticular disease, tuberculosis and infective colitis. It is plausible that the stricture and thickening of the bowel were a red herring and part of a chronic inflammatory response to the foreign body.



Cut section of specimen showing stone foreign body in ileum

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