

An Unusual Stepler Pin Bezoar of Stomach and Colon: A Case Report

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Abstract

Background: Bezoars are collections of non-digestible matter that usually accumulates in stomach and can extend to small bowels. The patient presented the history of accidental ingestion of stapler pins which resulted in gastric bezoar which was removed with gastrotomy.

Case Presentation: 16-year-old male presented to our surgery OPD, with history of accidental ingestion of stapler pins, complaining of bleeding PR with melena. On general physical examination, the patient was thin built well looking male with normal basal parameters.

Abdominal examination was normal. On PR examination there were no active PR bleed and no foreign body felt. Psychiatric evaluation of the patient was done with no evident abnormality. X ray erect abdomen revealed multiple radiopaque foreign bodies in stomach and throughout entire extent of small and large bowel loops. CECT imaging revealed similar findings along with areas of focal clumping of metallic artefacts in distal ileal loops.

Patient was kept under observation and given 1 failed attempt of endoscopic removal. A gastric bezoar was formed after 1 week after which patient was posted for exploratory laparotomy and gastrotomy and removal of bezoar. A 2.8 cm diameter spherical bezoar was removed. Colonoscopy was done and an impacted fecolith along with foreign body was seen for which observation was done and patient passed it subsequently.

Investigations

- X ray abdomen erect
- First X ray revealed multiple foreign bodies spread across entire extent of stomach. Subsequent x-ray showed bezoar formation

FIGURE: 1 Multiple foreign body spread across entire extent of stomach



FIGURE:2 x-ray showed bezoar formation**CECT Abdomen + Pelvis**

Multiple metallic artefacts noted extensively in the body of stomach seen passing throughout the entire extent of small and large bowel loops. Areas of focal clumping of metallic artefacts noted in distal ileal loops.

Small loops appear collapsed and large bowels appear non dilated. No extraluminal air foci/ collection/ fat stranding/ edematous thickening of bowel wall noted

INTRAOPERATIVE FINDINGS-

Patient was explored with midline incision. Gastrostomy was done and a gastric bezoar of stapler pins of 2.8 cm diameter was removed from pyloric region. A small mass felt in sigmoid region. Intraoperative colonoscopy was done and a fecolith along with stapler pins adherent to sigmoid region was observed for which observation was done postoperatively.

**Figure 3. Intraoperative removal of a gastric bezoar composed of stapler pins through gastrostomy**



Figure 4. Intraoperative endoscopy showing a gastric fecolith with adherent stapler pins.

POST OPERATIVE COURSE-

Patient was shifted to ward where he was on O₂ by mask for 1 day. Incentive spirometer and Chest physiotherapy started on POD1. Patient was weaned off O₂ by POD2.

Patient passed stools on POD2 in which he observed some stapler pins. Abdominal x-rays are done on POD3 to see for residual foreign bodies in which some foreign bodies present in large bowel. Patients started on clear fluids and on soft diet by POD5. Pelvic drain removed on POD5. Patient showed no foreign bodies on X ray done on POD5.

Patient was discharged on POD 12. On Second month of follow up patient was asymptomatic with no evidence of any foreign bodies.

Discussion and Conclusion

Bezoars are most seen in stomach and small intestine. Small bowel obstruction is most common complication. When uncomplicated, endoscopic and surgical repair can be applied easily. So earliest intervention is important to consider to avoid further complications.

Bezoars are a potentially serious problem. Treatment includes gastric lavage, dissolution, endoscopic retrieval and surgery. It is prudent to prevent future occurrences via dietary counseling, avoidance of certain medications, and correction of underlying motility disorders if present. After successful management, psychiatric evaluation should be considered, and the patient and/or his care giver should be educated to prevent recurrence.

References

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