JCRMHS

Journal of Clinical Case Reports, Medical Images and Health Sciences

Volume 8 Issue 2, 2024

Article Information

Received date: 26/09/2024

Published date: 09/10/2024

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Case Report

Gastric Perforation on an Ingested Bone, An Unusual Cause of Peritonitis: About a Case

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Abstract

Acute peritonitis is frequently of infectious origin. We report the case of a 55-year-old patient referred for abdominal pain (epigastric and right hypochondrium) with fever without the patient reporting the accidental ingestion of a chicken sleeve. The examination noted epigastric guarding and generalized sensitivity with a pneumoperitoneum caused by a foreign body perforating the gastric antrum of calcic tonalitis on CT scan. Surgical exploration found peritonitis localized on perforation of the posterior surface of the stomach and a bone crossing it. We performed suture, lavage and peritoneal drainage.

Introduction

Digestive perforation by a foreign body is rarely mentioned or incriminated [1] in the tables of acute peritonitis. In our work we will report the case of peritonitis by perforation on chicken bone accidentally ingested.

Observation

This is a 55-year-old patient referred for abdominal pain (epigastric and right hypochondrium) with fever without the patient reporting the accidental ingestion of a chicken sleeve. The examination noted epigastric guarding and generalized sensitivity with a pneumoperitoneum caused by a foreign body perforating the gastric antrum of calcic tonalitis on the CT scan. Surgical exploration found localized peritonitis on perforation of the posterior surface of the stomach and a bone crossing it (Figure 1). We performed removal of the foreign body (Figure 2) associated with suturing, washing and peritoneal drainage.

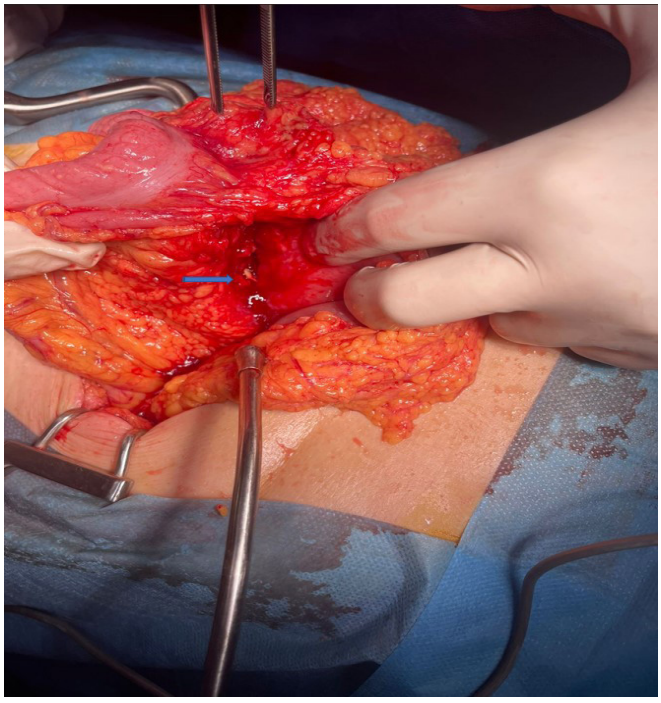

Figure 1: *Perioperative image of a chicken bone.*

DOI: 10.55920/JCRMHS.2024.08.001331

Figure 2: *Image of a chicken bone.*

Discussion

Generalized acute peritonitis due to digestive perforation due to a foreign body is rare. The majority of small intestine perforations are "covered", a consequence of the very high mobility of the intestinal-mesenteric structures that easily cover these perforations, regardless of the anatomical location [2].

It seems to affect adults as much as children. Ingestion is generally accidental, during a playful activity in children [3] or intentional or even accidental due to poor eating habits (fast food, argument during the meal, etc.) in adults [4, 5].

The nature and shape of the foreign body causing the perforation is variable. These may be sharp objects such as toothpicks [9], fish bones [2, 6, 7, 8], sharp bone fragments from minced meat, metal needles, plant stems [2] or less aggressive foreign bodies, button batteries [1] and finally whole chicken bones [9], like our patient.

The clinical picture may be one of febrile occlusion or immediately one of acute peritonitis; an abdominal CT scan may be useful for a definitive diagnosis.

Midline laparotomy, like our case, remains the most reported surgical approach [11, 1, 6]. However, laparoscopy is now an alternative recommended in cases of acute peritonitis and used by some authors in this indication [5] in order to suture the perforation.

Conclusion

Acute peritonitis by digestive perforation following the ingestion of a foreign body, such as a chicken bone. In our practice, its diagnosis is based on computed tomography and surgical treatment on a digestive suture ideally achievable by coelioscopy.

Declarations

Authors' contributions

Conception and writing: Yazough issam

Collection: Ayman jbilou, Ahellat anas.

Bibliographic research: Agouri youness.

Final correction: Ait lalim said.

Conflict of interest: The authors declare that they have no conflict of interest.

Consent: The patient's prior consent was obtained for the publication of the case and the iconography used.

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