ILEAL PERFORATION DUE TO INGESTED METALLIC COINS
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Article Info: Received 03 July 2019; Accepted 04 August. 2019
DOI: https://doi.org/10.32553/ijmbs.v3i8.453
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Conflict of interest: No conflict of interest.

Abstract
A 28-year-old man was admitted in Emergency Department with features of the peritonitis. This patient underwent emergent exploratory laparotomy with a preoperative diagnosis of peptic ulcer perforation based on his history. Two coins were removed from perforated ileum. The patient was discharged on 5th POD with an ileostomy following an uneventful hospital stay. Interesting facts reported with this case was absence of any specific history of coins ingestion and no detection of these coins in preoperative abdominal skiagram which was further vitiated by presence of fever and medical history.

INTRODUCTION
Unintentional foreign body ingestion commonly occurs in paediatric age group and at advanced ages in persons suffering with psychiatric disorders or mental retardation. Intentional foreign body ingestion is seen particularly in prisoners1,2,3. Commonly ingested objects include coins, needles, pins, jewelry items, toy parts, teaspoons, nails, fish and chicken bones, batteries, and dentures4,5,6. Most of them pass through the anus uneventfully but few may cause serious complications, requiring surgical interventions7.

CASE REPORT
This 28-year old male hawker presented to our ER with a two days history of sudden onset severe sharp pain arising from upper abdomen which spread to entire abdomen in association with nausea. At presentation his pulse rate was 130/minute, blood pressure was 100/60 mmHg, respiratory rate was 22/minute, SpO2 was 99% on room air and temperature was 98.4°F. He was irritable but lying quietly over the couch. He had history of chronic painkiller intake and IV drug abuse. On physical examination, the abdomen was tense, having generalized tenderness, guarding and rebound tenderness. The patient was anaemic with white blood cell count of 10200/mm³. Other laboratory blood and urine tests were normal. Abdominal radiograph showed free intraperitoneal air under the diaphragm with multiple air fluid levels. The patient underwent emergent exploratory laparotomy with the presumptive diagnosis of peptic ulcer perforation. Surprisingly, on exploration, ileal perforation was found two feet proximal to ileo caecal Junction, where two metallic coins were impacted and visible through the perforated ileal wall having discolored surface suggestive of corrosion of coins. Proximal ileal and jejunal loops were distended and loaded with the faecal matter. This perforated ileal site was taken out as a temporary loop ileostomy in view of anaemia, oedematous ileal wall and loaded bowel loops. On enquiring about the ingestion of these coins after surgery, patient’s wife narrated the incidence of accidental swallowing of coins some two weeks earlier. Patient was discharged on 5th Post-Operative Day (POD) after complete psychiatric evaluation with an uneventful hospital stay.

Figure 1: Erect abdominal radiograph showing free intraperitoneal gas under diaphragm and multiple air fluids level
of free air was demonstrated in <20% of patients in one study\(^8\). Diagnostic laparoscopy may be considered in dubious preoperative diagnosis\(^8,9\). Imperforated foreign bodies can be dealt with endoscopy in upper GI tract. Surgical intervention in the form of laparoscopy\(^10\) or laparotomy is required once complication develops. Resection-anastomosis, temporary diversions, primary repair or drainage are attempted according to the scenario\(^11\). In some cases, the ingested objects unexpectedly may lead to complications after a long period of time\(^2\). After the surgical treatment, we concluded that the these patients should also be evaluated for the mental problems that may have led to repeated foreign body ingestions.

REFERENCES


