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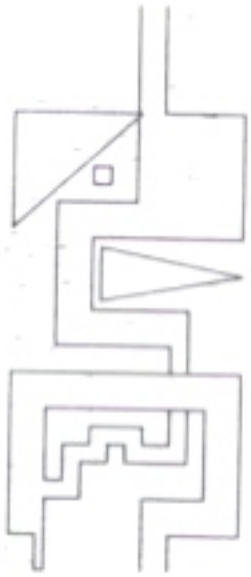

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Spontaneous elimination of intraperitoneal foreign body. A case report

Spontana eliminacija intraperitonealnog stranog tela. Prikaz slučaja

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ABSTRACT. Forgotten foreign body in peritoneal cavity is a rare complication of abdominal surgery. Foreign bodies which are transparent for X-rays represent special diagnostic problems. Usually, the only way to help the patient is re-laparotomy and extirpation of foreign body. This article presents a case of the patient who spontaneously eliminated forgotten cotton gauze in the stool a year after appendectomy.

KEY WORDS: intraperitoneal foreign body, spontaneous elimination, stool

SAŽETAK. Zaboravljeno strano telo u peritonealnoj duplji predstavlja retku komplikaciju abdominalne hirurgije. Strana tela koja ne zadržavaju rendgenske zrake predstavljaju poseban dijagnostički problem. Najčešće je jedini način da se bolesniku pomogne ponovna operacija i odstranjenje stranog tela. Ovaj članak prikazuje slučaj bolesnika koji je spontano eliminisao u stolici zaboravljenu pamučnu gazu u trbuhu godinu dana posle apendektomije.

KLJUČNE REČI: interaperitonealno strano telo, spontana eliminacija, stolica

Gauze swabs and packs could be easily overlooked during an abdominal operation and forgotten in peritoneal cavity. The foreign body causes local peritoneal irritation, giving rise to different simptoms and signs (1). It can mimic many abdominal disorders. Eventually, suppuration occurs and foreign body finds its way out, either on skin surface or into the alimentary canal.

CASE REPORT

Fifty-eight-year old man visited the surgeon complaining of pain in the belly and vomiting. Pain was localised in epigastrium, irradiating in the chest and other parts of abdomen. Patient informed the surgeon that upon him had been performed appendectomy a year ago. On examination the surgeon found out the scar from McBurney laparotomy and distended abdomen, with tenderness in epigastrium and right hypohondrium, but without musculer rigidity. On rectal examination small quantity of liquid stool was found in the ampulla. The patient was conscions, afebrile, mobile, with normal pulse and blood preassure. Plain abdominal X-ray was negative. Laboratory date were normal except slight leucocytosis (11.7 x 10^9/l) and hyperglycemia (7.8 mM/l).

The patient was hospitalised at intensive care unit and treated conservatively: oral intake of food and liquids was stopped, the patient received infusions of isotonic cristalloid solutions and intramuscular injections of antibiotics. During the first 24 hours after admiission to the hospital patient passed about 1.2 l of liquid, yellow, foul smelling stool with mucus. After 24 hours the pain subsided, and the patient stopped vomiting. The patient was transferred two days later to the surgical ward and oral intake of liquids started. On the fourth day after admission to the hospital the patient passed in the stool a piece of cotton gauze 40 cm long and 20 cm wide, rolled and mixed with stool. From that moment the patient was free of pain, he took his meals regularly and passed normal stools. Ultrasound investigation of abdomen did not show abnormalities.

Barium enema was performed and showed impression (10 cm long) on the right wall of middle third of sygmoid colon causing stricture of bowel lumen. The impression was rough contoured and rigid. A few spots of barium were seen extraluminally, next to the impression (figure 1).

Consequently, endoscopic examination of large bowel was performed. In the middle third of the sygmoid colon mucosa was hyperemic, spontaneously bleeding, covered with white longitudinal plaques. Biopsy was performed on that occassion, and the report of the pathologist was: nonspecific ulcerative lesion.

The patient was released from surgical ward after 15 days, symptomless, without leucocytosis and hyperglycemia. On con

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