An unusual cause of right lower quadrant pain
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An 80-year-old male presented with right lower quadrant abdominal pain, and subjective fevers. There was guarding and percussion tenderness in the right lower quadrant. He had multiple comorbidities [American Society of Anaesthesiologist (ASA) classification 3], and was taking dabigatran.

Figure 1. An axial view CT image of the patient’s lower abdomen

What is the diagnosis, and best option for management?
**Answer—Perforating foreign body**

The CT scan shows a 35mm linear foreign body penetrating through the medial wall of the caecum into the pericolic fat, with associated inflammatory changes.

Laparotomy under general anaesthesia was considered high risk, given his comorbidities and use of dabigatran, therefore retrieval of the foreign body via colonoscopy was attempted, and achieved. The patient received intravenous antibiotics and bowel preparation overnight.

The foreign body (*a toothpick*) was located protruding into the lumen of the caecum (Figure 2) and was removed using a colonoscopic snare.

The patient was well the following day and was discharged home on a short course of oral antibiotics.

**Figure 2. Endoscopic view of the foreign body protruding from the wall of the caecum**

![Image of foreign body](image)

**Discussion**—The majority of foreign body ingestions occur accidentally and are usually limited to children and the elderly. A history of foreign body ingestion is often absent. In the elderly, diagnosis is usually made only after a CT scan is obtained.

Foreign bodies that reach the stomach will pass through the gastrointestinal tract without complication in 80–90% of cases.\(^1\)\(^-\)\(^3\) Complications include obstruction, bleeding and perforation, with possible subsequent abscess, fistula, damage to adjacent structures, and peritonitis. Perforation occurs in less than 1% of cases and most often occurs at the ileocaecal region.

Chicken or fish bones and toothpicks pose the greatest risk of causing a perforation.\(^1\)\(^,\)\(^2\)

Colonoscopic retrieval of a colonic-penetrating foreign body is a feasible option, and removes the necessity for general anaesthesia and laparotomy. The decision should be weighed against the likelihood of ongoing peritonism, and subsequent need for surgery.
Learning points

- A history of foreign body ingestion may not be reported in elderly or paediatric populations.
- The majority of foreign bodies will pass through the gastrointestinal tract without complication.
- In cases of perforation, endoscopic retrieval of foreign bodies is a good option, removing the need for invasive procedures.

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References

