

ENDOSCOPY FIRST APPROACH: SUCCESSFUL ENDOSCOPIC MANAGEMENT OF CONTAINED GASTRIC PERFORATION SECONDARY TO FOREIGN BODY

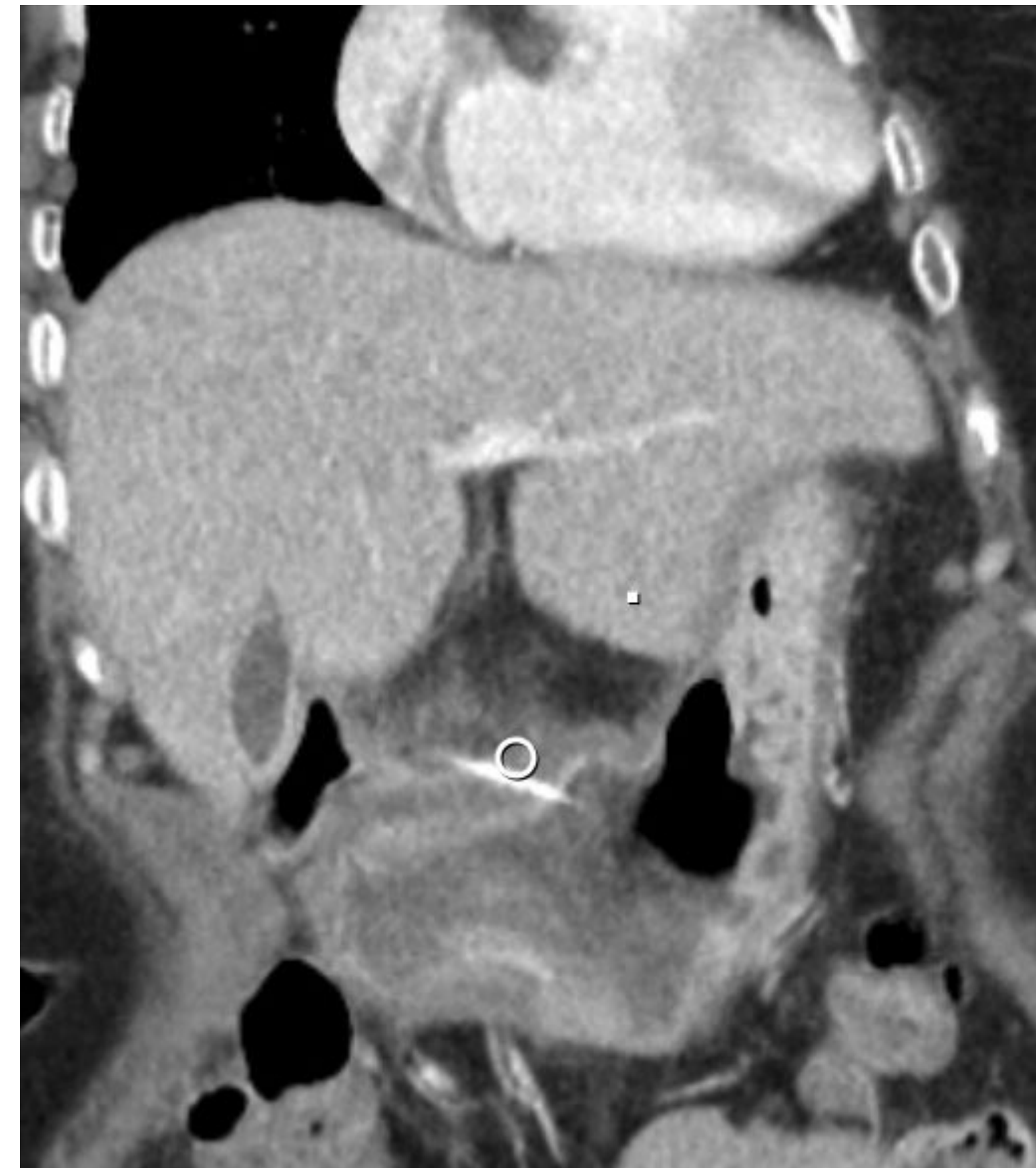
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INTRODUCTION:

Foregut perforations secondary to sharp foreign body ingestion are rare occurrences that must be promptly diagnosed and treated. There has been increasing literature suggesting the endoscopic first approach as a method that is safe, effective, and efficient when performed by experienced endoscopists. We present a unique case which supports endoscopy first approach over surgical approach for contained gastric perforations secondary to ingested sharp foreign bodies.

CASE:

A 65 year female with PMHx of diabetes mellitus, hypertension, hypercholesteremia presented to the emergency department with a 3 day onset of dull epigastric pain with associated nausea. Cross sectional imaging revealed a linear hyperdense foreign body in the gastric antrum perforating through the lesser sac with fat stranding at the gastrohepatic ligament but no gross free air. She denied any intentional foreign body ingestion but was noted to have recently eaten fish. Physical exam was notable for epigastric tenderness, but no rebound or guarding. Lab work showed leukocytosis of 15,200 and hyperglycemia. The patient was made nil per os (NPO), started on broad spectrum intravenous (IV) antibiotics, IV proton-pump inhibitors and taken urgently for endoscopic retrieval of the gastric foreign body. Esophogastroduodenoscopy showed a 4cm long by 5mm wide linear foreign body sticking into the lumen of the gastric body with the remainder wedged into the antrum wall, which was removed in its entirety using rat-toothed forceps. Bleeding noted at removal site was controlled using three endoscopic hemostatic clips. The patient tolerated the procedure well, and an upper gastrointestinal series performed on post procedure day 1 showed no contrast extravasation, the leukocytosis had resolved and the patient was advanced to a full diet and discharged on daily oral proton pump inhibitor. Final pathology noted the foreign body to be a piece of fish bone.



CONCLUSION:

Contained perforations secondary to foreign body ingestion should be managed on a case by case basis and this specific case highlights the value of using an endoscopic first approach to help reduce morbidity, hospital stay, and excessive healthcare utilization that is associated with more invasive surgical methods such as exploratory laparoscopy or laparotomy.