

Colonoscopic extraction of a chicken wishbone stuck in the sigmoid colon, identified as diverticulitis: the patient's and doctor's wish comes true



Fig. 1 A foreign body stuck in the colon wall, with one end impacted within a diverticulum and the other in the wall opposite, in a 75-year-old woman.



Fig. 4 A 5-cm long wishbone successfully removed.



Fig. 2 The mucosa surrounding the foreign body, showing inflammation and edema.

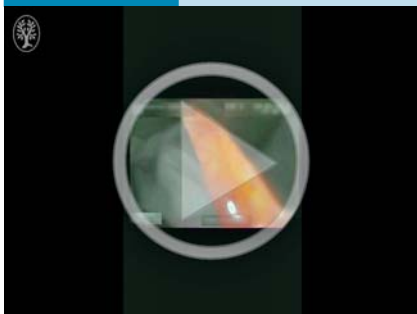


Fig. 3 The foreign body was successfully removed endoscopically in two stages using a tripod grasper.

A 75-year-old woman attended our clinic presenting with a 7-day history of nausea, left lower quadrant abdominal pain, and fever. Laboratory data revealed leukocytosis (14500 white blood cells/mL) and an elevated C-reactive protein level (28mg/L). Palpable abdominal pain in the left lower quadrant and a raised temperature (38°C) were found on physical examination. Findings were negative for melena, blood per rectum, weight loss, and change in stool frequency. An abdominal X-ray showed bowel distension with one significant air–fluid level, without pneumoperitoneum. Besides renal calculosis the abdominal ultrasonography was unremarkable. Based on the clinical examination and laboratory findings, the patient's initial diagnosis was diverticulitis. A course of broad-spectrum antibiotic therapy was initiated.

After clinical and laboratory test improvement she was referred for colonoscopy, which revealed the extent of colon diverticulosis and ruled out a malignancy. An obstructing foreign body was seen in the sigmoid colon, stuck in the bowel wall (Fig. 1 and Fig. 2). The foreign body was successfully removed using a tripod grasper (Fig. 3 and Fig. 4; Video 1). The intervention was completed without any complications (Fig. 5). Recovery was smooth and the patient was discharged from hospital.

Video 1



Successful colonoscopic extraction of a 5-cm long chicken wishbone stuck in the sigmoid colon of a 75-year-old woman.



Fig. 5 The intervention was completed without any complications.

About 80% of ingested objects entering the stomach will be passed without complications [1]. Large numbers of reports support the fact that perforation is more common with sharp or pointed objects, such as chicken or fish bones, metal objects, and wooden splinters [2]. Potential sites where a foreign body tends to perforate the gastrointestinal tract are the ileocecal valve and the rectosigmoid junction [3]. In our patient, fortunately, there was no perforation, although it was threatened. Rex & Bilotta [4] described successful colonoscopic retrieval of wishbones stuck in the sigmoid colon, without peritoneal signs, in two patients. Tarnasky et al. provided another report of an endoscopically removed chicken bone [5]. Based on the literature of which we are aware, it is rational to attempt colonoscopic removal of wishbones impacted in the sigmoid colon in patients without peritoneal findings.

Endoscopy_UCTN_Code_CCL_1AD_2AG

Competing interests: None

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DOI <http://dx.doi.org/10.1055/s-0042-120264>
Endoscopy 2016; 48: E374–E375
 © Georg Thieme Verlag KG
 Stuttgart · New York
 ISSN 0013-726X

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