

CASE REPORT

Skewered diverticulum: another cause of abdominal pain

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Most ingested foreign bodies pass through the gastrointestinal tract uneventfully.^{1,2} Sharp, pointed objects, however, are associated with a higher incidence of complications. Toothpicks are a commonly ingested foreign body and can lead to problems such as impaction and inflammation, obstruction, small and large bowel perforations, fistula formation, sepsis and death.^{2–5} The present paper reports a case of abdominal pain resulting from impaction of a broken kebab skewer, similar in size and shape to a toothpick.

A 76-year-old woman presented with a 4-week history of severe cramping abdominal pain that she described as 'worse than labour pains'. In addition, she noted continuous left iliac fossa pain, which was made worse by coughing, walking and abdominal pressure. No relief was obtained on defecation. There were no other associated symptoms such as change in bowel habit, per rectal bleeding or systemic manifestations of nausea, vomiting, anorexia or fevers. There was a past medical history of diverticular disease and also gastro-oesophageal reflux associated with Barrett's oesophagus. The patient drank over 50 g of alcohol per day, did not smoke and had had dentures for over 40 years. Abdominal examination revealed left iliac fossa tenderness. A bowel lavage in preparation for colonoscopy precipitated quite severe, left-sided, cramping abdominal pains. At colonoscopy diverticular disease was confirmed. In the sigmoid colon, a 5-cm cylindrical foreign body (wooden kebab skewer) was seen traversing the lumen, each end buried in opposing diverticulae with both areas markedly inflamed (Fig. 1). Unsuccessful attempts were made to retrieve the skewer with biopsy forceps in an ante-grade fashion. Using the end of the colonoscope, the skewer was pushed retrograde, causing it to snap and dislodge from the diverticulae. The skewer was then

retrieved with a snare without difficulty. The patient made an uneventful recovery and had no recurrence of abdominal pain during the next 6 months. She had no memory of ever having swallowed a skewer.

Toothpicks have previously been reported to cause perforation and impaction in the gastrointestinal tract. Fortunately in this case, passage of the skewer into the bowel did not lead to perforation or ileus. During colonoscopic examination in our patient the bowel was actively contracting on the skewer and, given time, presumably the colon would have become perforated. The continuous abdominal pain and associated left iliac fossa tenderness suggest that there already was peritoneal irritation.

The diagnosis of inadvertently swallowed foreign objects is often delayed until complications arise.¹ X-rays are of little assistance because many foreign bodies are radiolucent. Symptoms are usually non-specific and may include acute or chronic abdominal pain of unknown aetiology. Many patients with

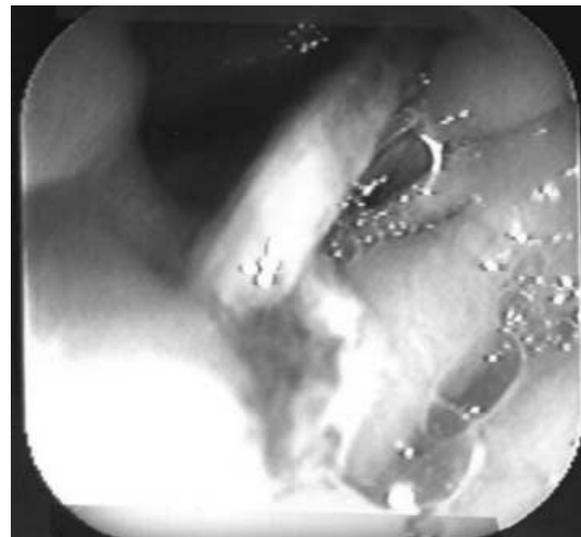


Figure 1 Skewer appears impacted between opposing diverticulae.

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toothpicks in the gastrointestinal tract present with no recollection of ingestion.²⁻⁵

The presence of dentures has previously been suspected of playing a significant role in accidental ingestion of foreign objects because of the reduction in tactile sensitivity of the palatal surface.^{2,5} Alcohol consumption could also be a factor contributing to reduction of the sensation necessary to avoid the swallowing of foreign objects.

With the advent of therapeutic colonoscopy, foreign bodies can be more readily removed as in this case. Immediate clinical improvement and lack of evidence of perforation allows for a more conservative approach after foreign body removal. Laparotomy and laparoscopy can often be avoided in this setting.⁶

Impaction and perforation of the bowel from an inadvertently ingested foreign body should be considered

in the differential diagnosis of acute or recurrent abdominal pain, especially in a patient with dentures, even in the absence of known foreign body ingestion.

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