



IMAGE OF THE MONTH

Chicken bones impacted between sigmoid diverticula[☆]

Huesos de pollo impactados entre divertículos de sigma

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Case report

We present the case of a 91-year-old woman with mild cognitive impairment, admitted for a respiratory infection and diarrhoea of several weeks' evolution. The physical examination found fever of 37.9 °C and diffuse abdominal pain without signs of peritoneal irritation. Noteworthy test results included a C-reactive protein value of 99 mg/dl.

Abdominal computed tomography was performed, finding two bony foreign bodies in the sigmoid colon (Fig. 1), without associated complications.

In view of the imaging findings, an emergency colonoscopy was performed without sedation, during which the more distal bone was able to be extracted using foreign body forceps (Fig. 2). At 24 h, the proximal one was removed under deep sedation using a polypectomy snare. Evolution

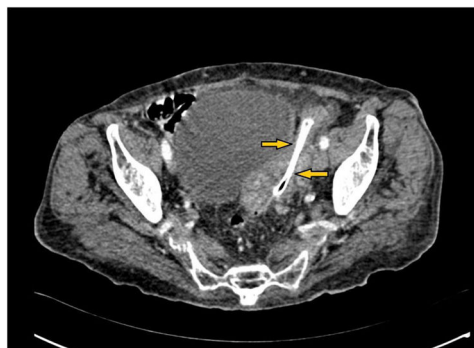


Figure 1 Axial abdominal CT: one of the radio-opaque foreign bodies (yellow arrows) measured 6 cm in length. Wall thickening in the sigmoid colon with fatty trabeculation and multiple diverticula: colitis secondary to foreign body without it being possible to rule out diverticulitis.

was favourable with antibiotic treatment and discharge 10 days later.

Discussion

Accidental ingestion of chicken bones is rare, but is more common in elderly patients and those with cognitive impairment.¹

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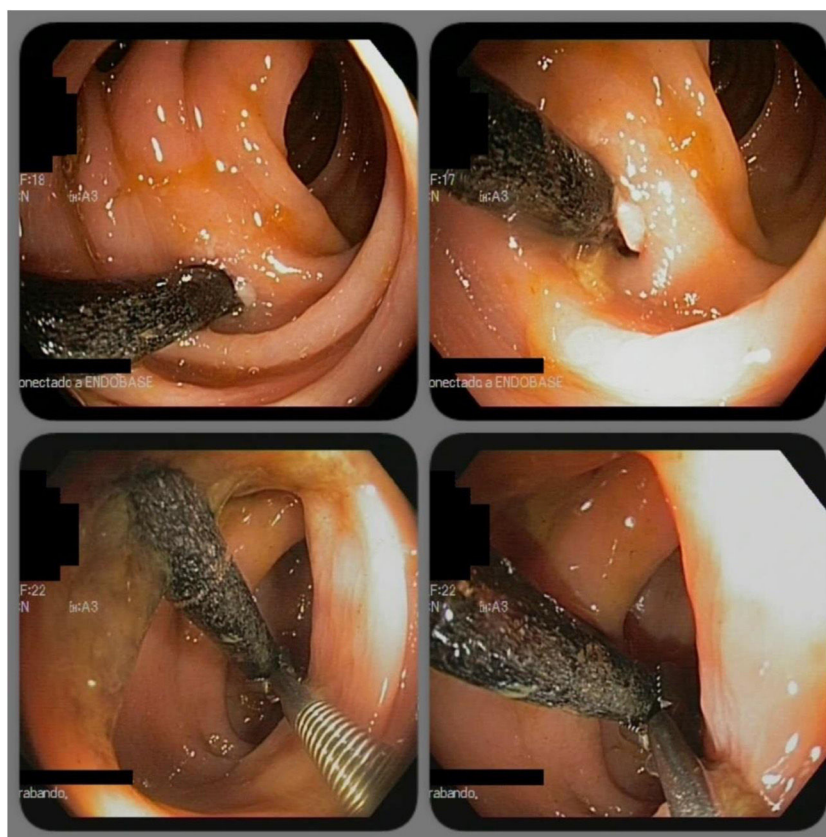


Figure 2 Emergency colonoscopy: foreign body of bony appearance impacted between two opposing diverticula in the sigmoid colon. Top images: one end of the bone found within a diverticular orifice. Bottom images: the bone is grasped and traction applied with foreign body forceps.



Figure 3 Chicken bones 6 cm in length, following successful endoscopic removal.

Diverticular disease constitutes a predisposing factor for retention of swallowed foreign bodies.² As well as diverticulitis,³ perforation,^{4,5} abscesses and fistulas¹ can occur. In our case, after using computed tomography to rule out complications, surgery was avoided thanks to successful endoscopic treatment. Of note is the significant length of the bones and their extraction whole (Fig. 3). We do not know how long they had been in situ before symptoms arose.

References

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