



### Case Report

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## Removal of unusual foreign body from rectosigmoid colon with colonoscope and forcep

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### Abstract

Accidental foreign body ingestion is common among children and in many adults with or without systemic disease (altered mental status due to any cause), most of which is expelled spontaneously, some are removed endoscopically, laproscopically and surgically in complicated cases. Herein we are discussing a case of denture (of size about 5 x 5 cm) removal from sigmoid colon which was accidentally swallowed with food in a normal conscious and alert person, with the help of colonoscope, proctoscope and forceps, without any complications except for mild bleeding which was managed conservatively.

**Keywords:** Foreign body, Sigmoid colon, Colonoscope, Forcep.

### INTRODUCTION

Foreign body (FB) ingestion is a common problem in pediatric age group [1]. Accidental ingestion is also common among adults with altered mentation. Common foreign body like coin, fish bone, pins, teeth etc. are usually seen in practice which is either left in hope of spontaneous removal or removed by some intervention. But removal of denture from sigmoid colon is rare and is never reported to the best of our knowledge till now, however ingestion and removal from anal canal, press-through pack (PTP) has been reported in elderly patient who had dementia and it's incidence is also increasing [2]. Most of the FB gets obstructed at the narrowest points of the gastrointestinal tract, thus producing symptoms accordingly.

### CASE STUDY

64 year old female presented to gastroenterology OPD with complaints of pricking sensation over left iliac fossa. Fifteen days prior to presentation patient had swallowed her denture of three teeth with metallic wire attached to one side while having food. Serial X rays were done to locate the foreign body. X ray pelvis showing foreign body in pelvis depicted in figure 1. Patient did not have any symptom till 1 week of ingestion, after that she complained of pricking sensation over left iliac fossa, CT abdomen (figure 2) revealed curvilinear hyperdense foreign body showing metallic artifacts in the sigmoid colon, approx. 25-30 cm from the anal canal, extending across the bowel wall with localised wall thickening, measuring up to 12 mm with mild inflammatory changes in surrounding mesentery. She was advised for surgery for the removal of the same but did not opt for it.

Denture was removed carefully from rectosigmoid where it was embedded in sigmoid colon. Colonoscopic view is depicted in figure 3. Proctoscope was inserted in anal, through which colonoscope was inserted and then wire was held with forceps and was removed carefully. Figure 4 showed how the foreign looked like, it was enough in size to injure the bowel with metallic end in one side of denture and was removed successfully without any major complication except for mild bleeding which was controlled conservatively.

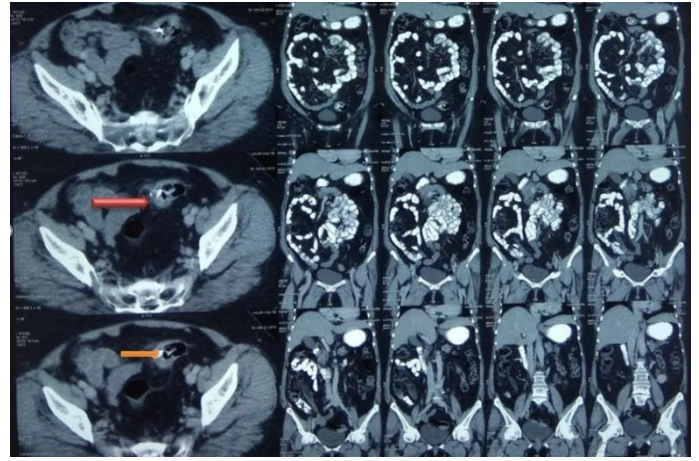
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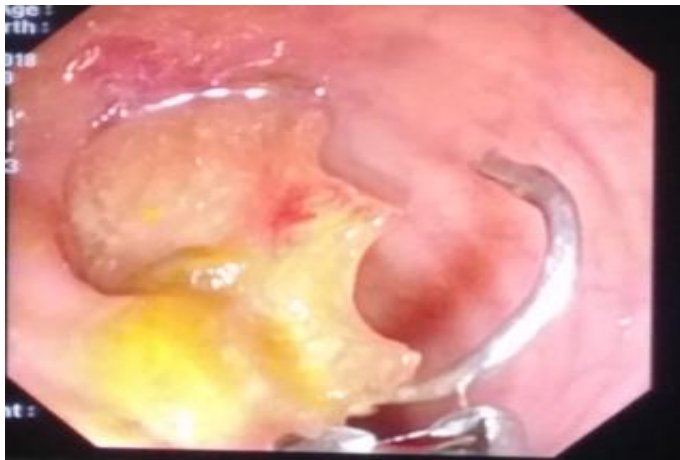
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**Figure 1:** Radio opaque object seen in x ray pelvis



**Figure 2:** CT abdomen suggestive of bowel edema (Red arrow- bowel edema, Orange edema- foreign body)



**Figure 3:** Colonoscopic view of foreign body



**Figure 4:** Foreign body removed from anal canal

## DISCUSSION

Gastrointestinal tract foreign bodies represent a significant clinical problem in the Emergency Department, leading to financial burden, morbidity and mortality. A large variety of foreign bodies are accidentally ingested or inserted into the GIT in different age groups [3].

Foreign body ingestion is very common among children, these may range from small size pebble to size of coin, from harmless as magnets to harmful as needle or pointed objects. Most of which is left in hope of its spontaneous expulsion without any complication, some produces pain and pricking sensation in gastro intestinal tract according to site of impaction. Some expel out spontaneously under serial monitoring and some may perforate the gastrointestinal tract leading to shock or death requiring urgent surgical removal [4]. Laproscopic removal has replaced laparotomy where foreign body get embeded or perforated [5].

## CONCLUSION

Here we removed denture which crossed all the narrowest points of GI tract even ileocaecal junction, from rectosigmoid colon with help of colonoscope, proctoscope and forceps. Conditions where situation allow removal can be tried with colonoscope and forceps.

## Conflicts of Interest

The authors declare no conflicts of interest.

## Funding

None.

## Author's Role:

Dr. Shilpa responsible for conception and design of study and drafting manuscript, Dr. Vivek involved in interpretation, providing critical and intellectual input whereas Dr. Rajeev involved in generation of data.

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