

Multiple bezoars causing small bowel obstruction: a unique case of resolution with upper and low GI endoscopy

Mariana Brito^{1,2}, Irina Mocanu¹, Ana Nunes¹, and Jorge Fonseca^{1,2}

¹Gastroenterology Department. Hospital Garcia de Orta. Almada, Portugal. ²PaMNEC - Grupo de Patologia Médica. Nutrição e Exercício Clínico. Centro De Investigação Interdisciplinar Egas Moniz (CiIEM). Monte da Caparica, Portugal

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Correspondence: Mariana da Silva Braga Pedreira de Brito. e-mail: marianasbrito076@gmail.com

CASE REPORT

Reports of obstructing foreign bodies in the small bowel are rare and the majority describe surgical resolution (1-3). We report a case of successful endoscopic treatment

of a small bowel obstruction (SBO) caused by multiple bezoars. A 92-year-old female presented to the Emergency Department with a history of persistent vomiting. Computed tomography (CT) showed gastric distension and an intraluminal ovaloid foreign body with a heterogenous density in the second portion of the duodenum, suggestive of bezoar (Fig. 1). The esophagogastroduodenoscopy (EGD) revealed multiple whole figs obstructing the duodenum. The figs were removed with snare and RothNet® (Fig. 2). The patient was admitted to the surgical ward for clinical observation due to duodenal wall friability, noted on EGD. Three days later, the patient persisted with abdominal distension and vomiting. Repeated abdominal CT showed diffuse dilation of the small bowel and a decompressed colon. There was no clear image of the obstructing foreign body in the transition point of the distal ileum. Given

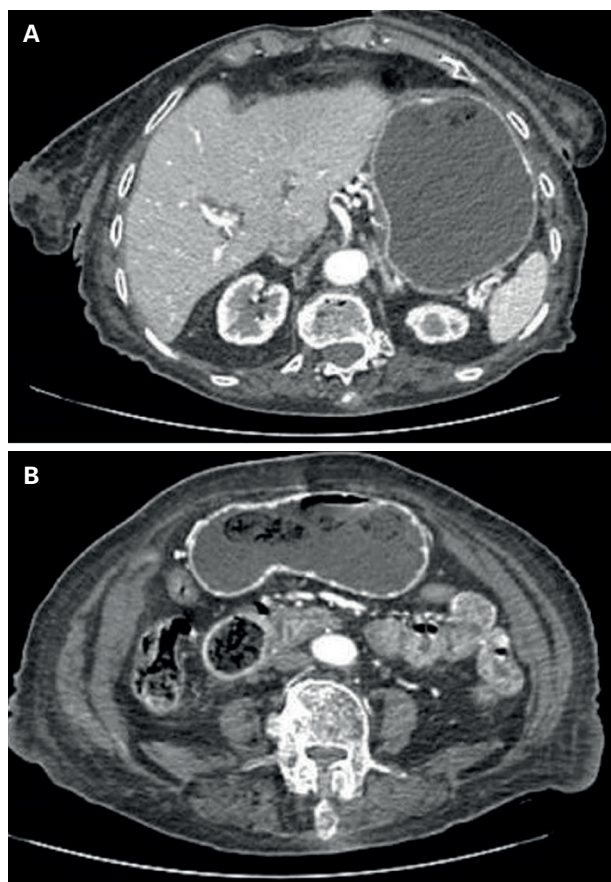


Fig. 1. Abdominal computed tomography. A. Gastric distension. B. Ovaloid intraluminal foreign body with heterogenous density in the second portion of the duodenum.



Fig. 2. Multiple figs removed endoscopically from the duodenum.

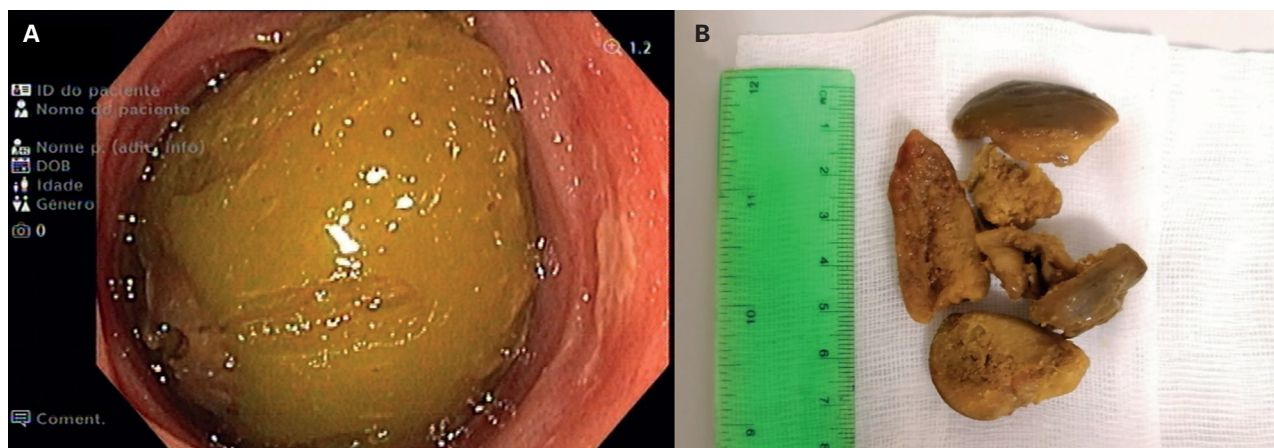


Fig. 3. A. Endoscopic image of a whole 5 cm fig impacted in the terminal ileum and circumferential mucosal ulceration. B. Fig fragments retrieved from the terminal ileum by colonoscopy.

the patient's age, a conservative approach was preferred. Lower endoscopy with enema preparation identified a 5 cm whole fig obstructing the lumen of the terminal ileum, with circumferential mucosal ulceration at the site (Fig. 3A). The fig was extracted intact into the colon using a large snare and then removed in fragments (Fig. 3B) without complications. The patient was discharged two days later. This is a unique case of double SBO (duodenum and terminal ileum), successfully treated endoscopically, emphasizing the potential role of endoscopy in the management of SBO in poor surgical candidates.

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COMMENTARY

Phytobezoars are foreign bodies composed of undigestible vegetable fibres. Stomach phytobezoars can be chemically digested using Coca Cola® and/or Cellulase (1). They can also be fragmented endoscopically using snares, foreign body forceps or Argon. When large phytobezoar fragments pass the pylorus, they can cause small bowel obstruction. In such cases, endoscopic therapy could help to avoid surgery, as shown in this report.

Julio Valle
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