

Case	(253) Gastrointestinal perforation by a fishbone: a radiological diagnosis
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## CASE PRESENTATION

Female of 83 years old came to the emergency department complaining of abdominal pain and fever. Because of the clinical suspicion of acute abdomen, an abdominal ultrasound was performed, without evidence of pathological findings.

The study was completed with a computed tomography (CT), showing: Linear 3cm long high density in the upper portion of the pyloric antrum, with intrahepatic extension (IVb segment). Parietal inflammatory changes in the antrum with a small collection between it and the hepatic parenchyma and contained microperforation.

Hypodense area in the liver parenchyma adjacent to the foreign body, that could correspond with edematous/inflammatory changes, without evidence of intrahepatic collections. The gastroscopy was normal. Finally the surgery confirmed the diagnosis and a fishbone was extracted.

## DISCUSSION

The diagnosis of this patient was gastrointestinal perforation by a fishbone. It is a rare complication of ingested foreign bodies, as most of them move through the gastrointestinal tract and are defecated.

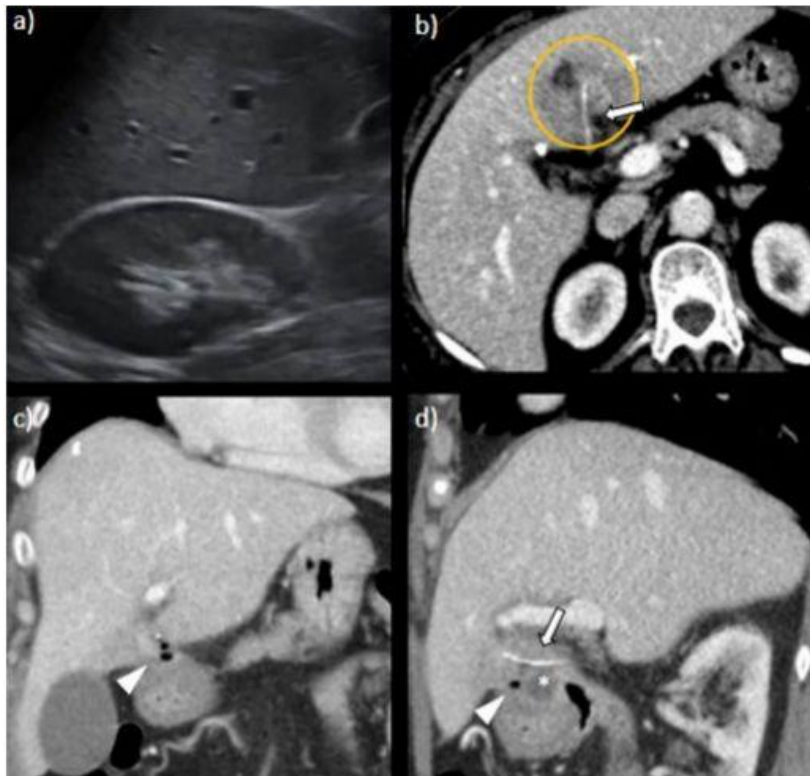
Fish bones are the most common cause of perforation and it can occur in any part of the gastrointestinal tract, although with predilection for curvatures : terminal ileum, rectosigmoid and minor curvature or pyloric antrum, as in this case.

Accidental ingestion of fish bones may pass unnoticed for the patient and can cause symptoms for months or years after the intake. Computed tomography is more sensitive than plain films and ultrasound, but the use of contrast makes it difficult and the findings can be very subtle.

Fish bones are shown like linear calcium density and findings like parietal thickening and pneumoperitoneum can also help locating the perforation site.

## CONCLUSION

Gastrointestinal perforation is a rare complication of ingested fish bones. Computed tomography is the modality of choice. It can be a diagnostic challenge as usually is not clinically suspected and imaging findings can be subtle, so it requires a detailed evaluation by the radiologist.



Ultrasound image (a) without evidence of pathological findings. No ascitis was found. Axial contrast enhanced TC image (b) with coronal (c) and sagittal (d) reformation showing a lineal high density (arrow) in the pyloric antrum with intrahepatic extension (IV b segment) and a hipodense area in the adjacent hepatic parenchyma (circle). Parietal thickening of the antrum with a small collection (\*) and a slight amount of air between it and the liver (arrow head).

## BIBLIOGRAPHY

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