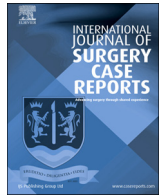




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## Ingested razor blades within the appendix: A rare case report

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## ABSTRACT

**INTRODUCTION:** Foreign body ingestion is a common clinical presentation with less than 1% of the cases requiring surgical intervention. In this report, we present a rare case of razor blades lodged in the appendix as a result of intentional ingestion.

**PRESENTATION OF CASE:** A 25 year old male prisoner presented to our hospital with persistent right iliac fossa pain after razor blade ingestion. After 5 days of conservative management, there was no sign of transition on serial X-Rays. Laparoscopy with intraoperative image intensification confirmed the presence of the razor blades in the appendix and appendicectomy was subsequently performed without complications.

**DISCUSSION:** Most ingested objects with diameter less than 2.5 cm and length less than 6 cm can pass through the gastrointestinal tract spontaneously in less than one week. The entry of foreign objects into the appendix is thought to be due to relative low motility of the caecum, the dependent position of the appendix and the size of the appendiceal orifice. Radiographic localisation to the appendiceal lumen was complicated by metallic artefact, but was consistent with failure to transit. Appendicectomy was felt to be the safest mode of retrieval.

**CONCLUSION:** Ingested foreign body lodged in the appendix is a rare event. Once the exact location is confirmed, a simple laparoscopic appendicectomy can be performed to facilitate the removal.

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## 1. Introduction

This case report is in line with the SCARE criteria [1].

Foreign body ingestion is a common clinical presentation and intentional ingestion is well recognised amongst the prison population [2]. Fortunately, around 80% of the ingested foreign bodies are able to transit through the gastrointestinal tract uneventfully, 20% lead to endoscopic extraction and surgical intervention accounts is required in less than 1% of presentations [3].

Foreign body in the appendix is rare and there have been no documented reports of razor blades being responsible. Given the unusual presentation and the difficulty in defining the blades' precise location on imaging, we present a case of non-accidental ingestion of razor blades lodged in the appendix.

## 2. Case report

A 25 year old male prisoner initially presented to hospital with generalised abdominal pain which gradually localised to his right iliac fossa after intentional razor blade ingestion 12 h prior. His background is significant for depression with a history of multi-

ple intentional ingestions. There were no associated symptoms and the patient remained haemodynamically stable with minimal tenderness. His biochemistry was unremarkable and initial plain films demonstrated two radiopaque fragments in the right lower quadrant, presumed to be within distal small bowel or proximal large bowel with no evidence of pneumoperitoneum.

Conservative management was initially attempted but the patient was persistently tender over the right iliac fossa, and the foreign bodies remained static in position on serial plain films Fig. 1. CT Scan performed on day four of admission again noted the two foreign bodies in the right lower quadrant, but precise anatomical localisation was limited by streak artefact. There were no features to suggest perforation Fig. 2.

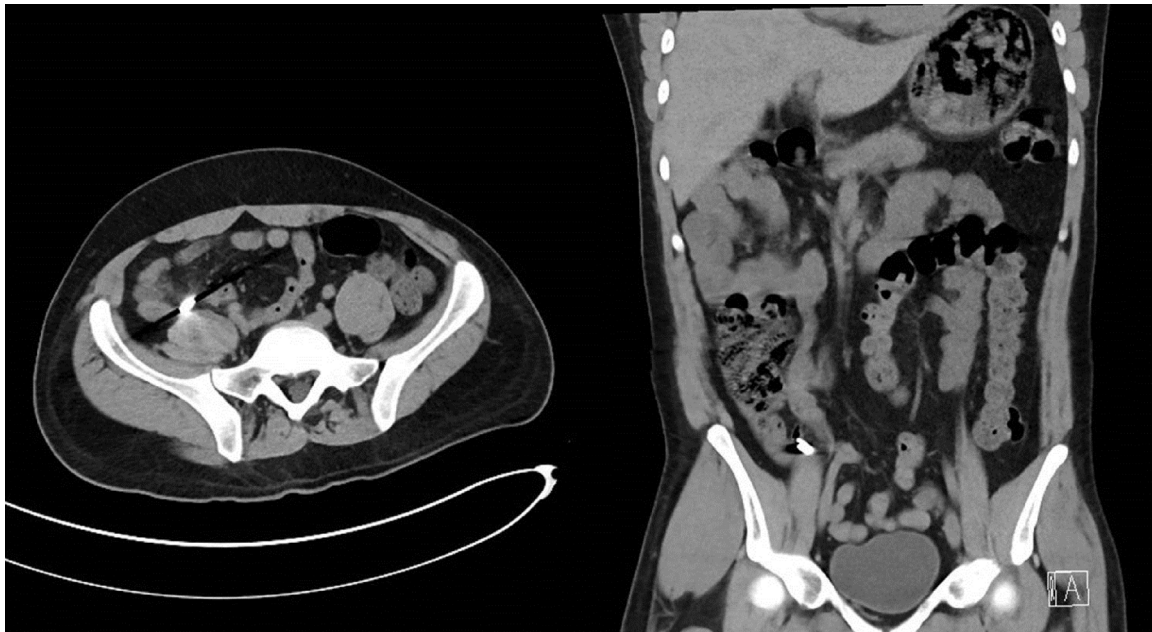
A diagnostic laparoscopy was performed to locate and remove the foreign bodies. Intraoperative image intensification located the razor blades in the appendix. There were no signs to suggest perforation and the base of the appendix was healthy. The tip of the appendix was mildly injected but there was no other macroscopic evidence of appendicitis. The appendix was skeletonised and the base divided between 2 snares (Endoloop). After removal in a pouch (10 mm EndoCatch), the two blades were confirmed to be entirely within the specimen Fig. 3. There were no complications and patient was discharged on day 1 post operation. Histological assessment showed foci of active inflammation in the lamina propria with cryptitis and neutrophils in surface of epithelium asso-

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**Fig. 1.** Abdominal X-Ray on day 4 showing 2 radiopaque fragments in the right iliac fossa which have not changed in position compared to previous.



**Fig. 2.** CT slices showing the metallic objects in the right iliac fossa, however it was difficult to assess their precise location due to streak artefacts.

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