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## Case Report

# Appendicitis caused by ingestion of metal foreign body



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### ABSTRACT

**Introduction:** The ingestion of foreign bodies is a frequent occurrence, especially among children. The majority of these objects travel safely through the gastrointestinal tract, without causing symptoms or leaving sequelae. Acute appendicitis is the emergency surgical pathology of greater prevalence. However, the impaction of a foreign body into the appendicular lumen as an etiologic agent of appendicitis is a very rare event.

**Case report:** We describe the case of a 21-year-old male patient with lower abdominal pain over approximately six days, in association with vomiting, fever and abdominal distension. After imaging studies, a radiopaque foreign body was identified in a pelvic topography, with distention and air-fluid levels in intestinal loops. Our patient was submitted to an open appendectomy, evidencing acute perforated appendicitis and the presence of two foreign bodies in its lumen. The patient progressed satisfactorily in the post-operative period, with use of broad-spectrum antibiotics.

**Discussion:** Foreign bodies impacted in the gastrointestinal tract are usually removed by endoscopic techniques. When these bodies cause infections, there should be a resolution, preferably by surgical laparoscopy, which will serve both for diagnostic as therapeutic purposes.

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## Apêndice provocada por ingestão de corpos estranhos metálicos

### RESUMO

**Introdução:** A ingestão de corpos estranhos é um acontecimento frequente, principalmente entre crianças. A maioria destes passa de forma inócua pelo trato gastrointestinal, sem causar sintomas ou deixar sequelas. Apêndice aguda é a patologia cirúrgica emergencial de maior prevalência.

#### Palavras-chave:

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Corpo estranho, migração

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**Contudo:** a impactação de um corpo estranho no lúmen apendicular como agente etiológico de apendicite é um evento muito raro.

**Relato de caso:** Descrevemos o caso de um paciente masculino de 21 anos com quadro de dor abdominal baixa há aproximadamente 6 dias, associando-se a vômitos, febre e distensão abdominal. Após exames de imagem, identificou-se corpo estranho radiopaco em topografia pélvica, distensão e níveis hidroaéreos em alças intestinais. Foi submetido a apendicectomia laparotômica, evidenciando-se apendicite aguda perforada e presença de dois corpos estranhos em seu lúmen. Evoluiu de forma satisfatória no pós-operatório, tendo-se feito uso de antibióticos de largo espectro.

**Discussão:** Corpos estranhos impactados no trato gastrointestinal são usualmente retirados por técnicas endoscópicas. Quando provocam quadros infecciosos, deve-se proceder a uma resolução cirúrgica, preferencialmente por videolaparoscopia, a qual servirá tanto para fins diagnósticos quanto terapêuticos.

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## Introduction

Appendectomy is the most common emergency surgical procedure worldwide.<sup>1</sup> However, these procedures remove up to 28.7% of normal appendices, even with the evolution of diagnostic methods. This percentage is even higher in young women.<sup>1,2</sup>

The ingestion of inedible and indigestible objects is very common, especially in younger age groups. In adults, this occurs accidentally, or in patients with mental retardation.<sup>3</sup>

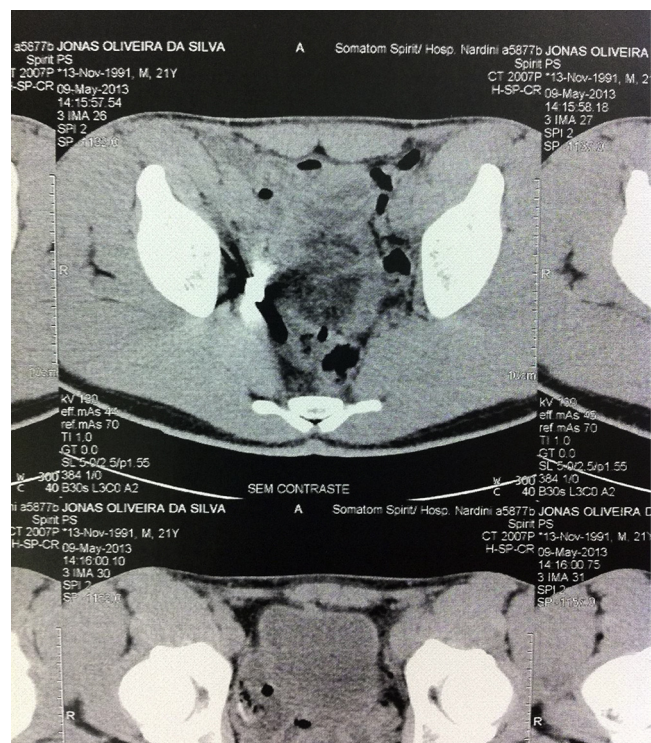
The presence of a foreign body in the appendix, acting as a cause of an inflammatory process, is a very rare event.<sup>4</sup>

We describe a case of acute appendicitis caused by ingestion of a metal object, which impacted into the appendiceal lumen, comparing the conduct taken with a review of the existing literature on the subject.

## Case report

A male patient, 21 years old, was admitted to the general surgery emergency department with a 24-h non-irradiating abdominal pain on the right iliac fossa (RIF), without aggravating or mitigating factors, and associated with vomiting episodes. The patient had no other complaints related to the gastrointestinal tract and with no history of comorbidities, surgery or allergies. The physical examination revealed pain on palpation of RIF, but without signs of peritoneal irritation; air-fluid sounds present, with no palpable masses. The patient had mild leukocytosis (12,600 leukocytes), without presence of rods. An abdominal ultrasound was performed, which identified two metallic foreign bodies located in the pelvis or right iliac fossa.

A CT scan of the pelvis confirmed the presence of radiopaque bodies; we could not determine whether they were located in the interior of the gastrointestinal tract or in the abdominal cavity (Fig. 1). The patient had his pain symptoms improved, with normal bowel movements during the first 48 h after admission, when fled the hospital after 72 h.



**Fig. 1 – Computed tomography.**

The patient returned with worsening of pain symptoms after 48 h of evasion, now with the addition of bowel bloating and multiple emetic episodes, with peritoneal irritation on physical examination. A new radiography revealed again the pelvic foreign bodies, plus air-fluid levels in small intestine topography (Fig. 2).

Surgery was indicated and performed by an exploratory laparotomy, when an acute appendicitis was identified, with necrosis and perforation of the vermiform appendix and presence of two metal bodies into its lumen (Figs. 3 and 4); Thus, a conventional appendectomy was performed.

The patient recovered uneventfully in the postoperative period, being treated with broad-spectrum antibiotics, and

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