

A rare cause of acute abdomen in an elderly patient

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An 83-year-old previously healthy woman arrived at the emergency department with a one-day history of intense abdominal pain in the epigastrium after eating. Generalized peritonitis was observed on physical examination; the patient had a pulse rate of 135/min, blood pressure of 86/40 mmHg and

respiratory rate of 23/min. Computed tomography of the abdomen showed small bowel loop densification, pneumoperitoneum, jejunal diverticulum without inflammation signs, and a foreign body (Figures A-C). A small piece of chicken bone was found within the jejunal diverticulum (Figure D).

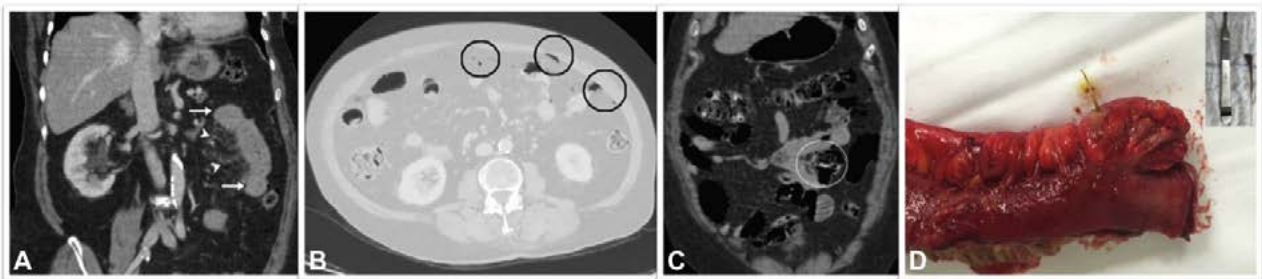


FIGURE (A) CT of the abdomen (coronal view), portal phase after intravenous administration of contrast showing regular parietal thickening in the jejunum segment (arrows) locoregionally associated with densification of its respective mesentery (arrowheads); (B) CT of the abdomen (axial view, lung window) showing intraperitoneal free focuses in an accentuated hypoattenuation representing pneumoperitoneum; (C) CT of the abdomen (coronal view) showing high-density linear image within the jejunum segment, seemingly extending along its wall in the mesenteric side (foreign body); (D) Resected intraoperative specimen showing a jejunal diverticulum perforation by a chicken bone. In the upper right corner, note the chicken bone size in relation to the size of the scalpel handle.

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Segmental bowel resection with entero-enteroanastomosis was performed.

Accidental and unnoticed ingestion of foreign bodies is not very uncommon.¹ A very small percentage of ingested foreign bodies can cause perforation of the bowel, leading to acute abdomen that requires surgical intervention. Foreign bodies such as dentures, fish bones, chicken bones, toothpicks, and

cocktail sticks have been known to cause bowel perforation. Most of such foreign bodies pass through the gastrointestinal tract uneventfully and only on rare instances cause obstruction or perforation.^{1,2}

CONFLICT OF INTEREST

The authors declare no conflict of interest.

PALAVRAS-CHAVE: *Divertículo. Abdomen agudo. Dor abdominal. Perfuração intestinal.*

REFERENCES

1. Aydin I, Pergel A, Yucel AF, Sahin DA. A rare cause of acute abdomen: jejunal diverticulosis with perforation. *J Clin Imaging Sci.* 2013;3:31.
2. Staszewicz W, Christodoulou M, Proietti S, Demartines N. Acute ulcerative jejunal diverticulitis: case report of an uncommon entity. *World J Gastroenterol.* 2008;14(40):6265-7.

