IMAGE OF THE ISSUE

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Endoscopic Removal of an Embedded Fishbone in the Gastric Antrum

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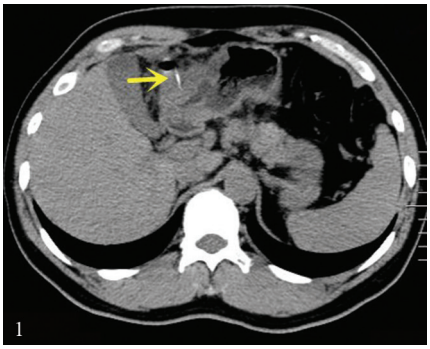

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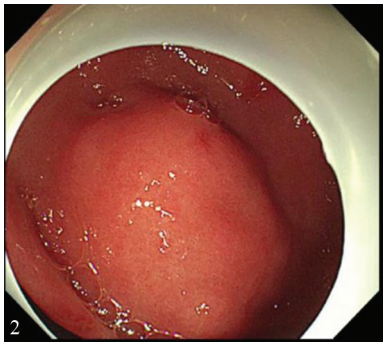

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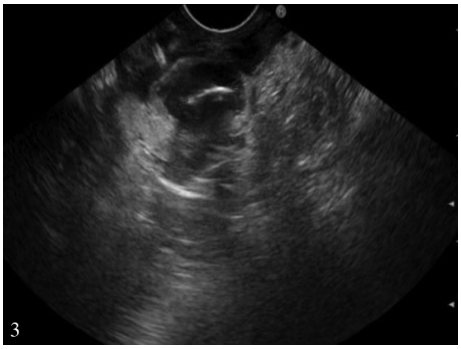

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A 26-year-old man was admitted to our hospital with epigastric discomfort for 1 week. Physical examination revealed no palpable mass or organomegaly. Subsequent computed tomography (CT) showed a hyper-density linear object (Fig. 1). Esophagogastroduodenoscopy (EGD) revealed a submucosal bulge in the gastric antrum resembling a submucosal tumor (Fig. 2). Endoscopic ultrasonography (EUS) demonstrated a hyperechoic lesion with a posterior shadowing in the anechoic area (Fig. 3) and the muscle layer was markedly thickened. Based on the above results, a diagnosis of fishbone invasion into the antral submucosa was considered. Then endoscopic submucosal dissection (ESD) was performed. During the procedure, thick pus flowed out after the muscle layer was cut open. We cut through the muscle and observed a white translucent foreign body. Under the endoscope, endoscopic forceps was used to clamp one end of the foreign body and a 3-cm-long fishbone was extracted with the forceps. Finally, the patient was discharged from the hospital without any complications.

Fishbone is the most commonly food-associated foreign body in adults with a high risk of perforation [1]. However, a fishbone entirely embedded in the stomach wall is rare and endoscopic removal is still challenging. Urgent (within 24 hours) therapeutic EGD for foreign bodies in the stomach has been suggested [2]. In our case, the fishbone had been embedded in the gastric antrum, resembling a gastrointestinal tumor on EGD. At the same time, EUS was necessary as an auxiliary diagnostic method before ESD, which can clearly reveal the lesion's location, size and echogenicity, and differentiate mucosal lesions from submucosal lesions. In conclusion, it is critical for the evaluation of gastrointestinal foreign bodies, and endoscopic removal is an excellent method with less trauma.

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Conflicts of interest: None to declare.

REFERENCES

1. Kim JP, Kwon OJ, Shim HS, Kim RB, Kim JH, Woo SH. Analysis of Clinical Feature and Management of Fish Bone Ingestion of Upper Gastrointestinal Tract. Clin Exp Otorhinolaryngol 2015;8:261-267. doi:10.3342/ceo.2015.8.3.261
2. Birk M, Bauerfeind P, Deprez PH, et al. Removal of foreign bodies in the upper gastrointestinal tract in adults: European Society of Gastrointestinal Endoscopy (ESGE) Clinical Guideline. Endoscopy 2016;48:489-96. doi:10.1055/s-0042-100456