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0196-0644/$-see front matter
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https://doi.org/10.1016/j.annemergmed.2018.10.016

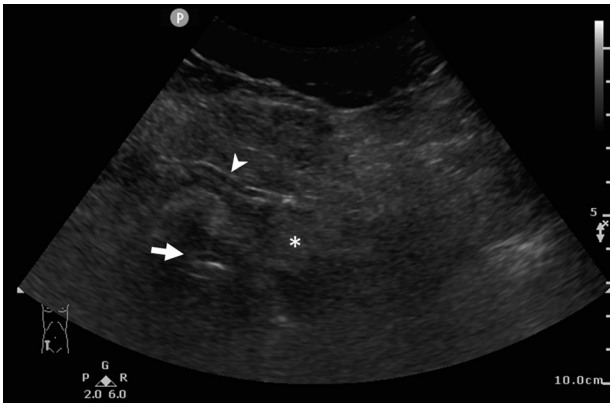

Figure 1. Bedside point-of-care ultrasonography showing a pointed hyperechoic structure (arrowhead) and hypoechoic and anechoic collection (arrow) beneath the cecum (asterisk), indicating a foreign-body penetration with retroperitoneum abscess.

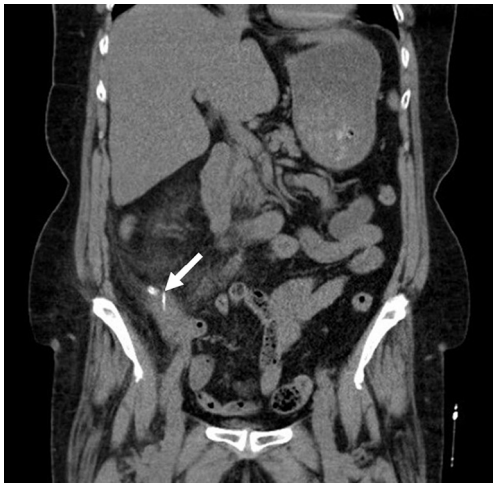

Figure 2. CT of the abdomen, showing a hyperdense structure in the cecum (arrow), with surrounding fat stranding.

Figure 3. Exploratory laparotomy with repair of perforation, appendectomy, and removal of fish bone.

[Ann Emerg Med. 2019;73:e71-e72.]

A 79-year-old woman with a history of diabetes mellitus and hypertensive cardiovascular disease was treated at an emergency department (ED), with presentation of right flank pain for 4 days. She was afebrile on arrival. Physical examination showed knocking tenderness in the right costovertebral angle. Laboratory examination showed a WBC count of 27.84 (103/μL) and c-reactive protein level of 30.69 mg/dL. Chest radiograph and radiograph of the abdomen showed a negative result. Bedside point-of-care ultrasonography of the abdomen (Figure 1) showed a pointed foreign body. Subsequent computed tomography (CT) was arranged (Figure 2).

For the diagnosis and teaching points, see page e72.
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(continued from p. e71)

DIAGNOSIS:

Fish bone impaction with colonic penetration. Accidental foreign body ingestion is commonly observed in the ED. Most of the ingested foreign body passes through the gastrointestinal tract uneventfully.[1] Less than 1% of the ingested foreign bodies may cause perforation.[2] The terminal ileum is the most common site of perforation, followed by the duodenal C loop.[3] CT may be warranted to confirm the diagnosis and detect perforation. Surgical intervention is indicated for the patient's developing complications.

The patient underwent exploratory laparotomy with repair of perforation, appendectomy, debridement over the retroperitoneum, and removal of the fish bone (Figure 3) and was discharged uneventfully 21 days later.

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