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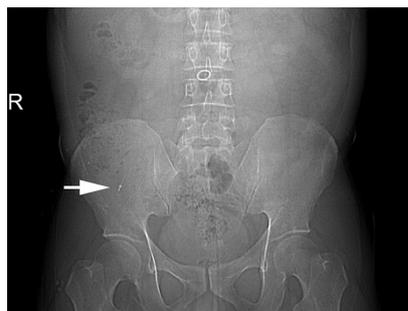
<https://doi.org/10.1016/j.annemergmed.2018.08.433>

Figure 1. Abdominal radiograph showing a cross-shaped high-density shadow in the lower right abdomen 1 day after the C+ file was swallowed (arrow).

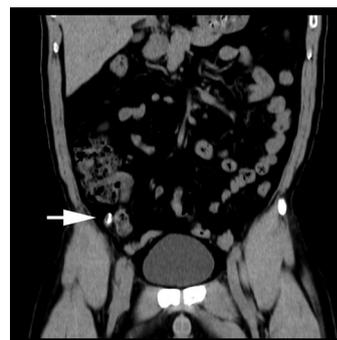


Figure 2. CT of the abdomen and pelvis, indicating a hyperdense structure located in the ileocecal region 5 days after the C+ file was swallowed (arrow).



Figure 3. CT of the abdomen and pelvis, indicating a hyperdense structure located in the ileocecal region 5 days after the C+ file was swallowed (arrow).

[Ann Emerg Med. 2019;73:117.]

A 32-year-old man presented to the dentist to receive root canal therapy. During the treatment, a C+ file dropped and was accidentally swallowed by the patient. No foreign body was found by emergency gastroscopy that day. The next day, abdominal radiograph showed a cross-shaped high-density shadow in the lower right abdomen (Figure 1, arrow) and the shadow did not move obviously in the radiographic reexaminations during the following 3 days. The patient did not complain of any discomfort. On the fifth day, computed tomography (CT) of the abdomen and pelvis indicated a hyperdense structure located in the ileocecal region (Figures 2 and 3, arrow). The hyperdense structure was confirmed by colonoscopy to be the C+ file, which had lodged in the appendix after the attempt to extract it with biopsy forceps failed.

For the diagnosis and teaching points, see page 169.

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16. Kellum JA, Song M, Li J. Science review: extracellular acidosis and the immune response: clinical and physiologic implications. *Crit Care*. 2004;8:331-336.
17. Rennie D. CONSORT revised—improving the reporting of randomized trials. *JAMA*. 2001;285:2006-2007.
18. Myles PS, Hunt JO, Nightingale CE, et al. Development and psychometric testing of a quality of recovery score after general anesthesia and surgery in adults. *Anesth Analg*. 1999;88:83-90.
19. Gornall BF, Myles PS, Smith CL, et al. Measurement of quality of recovery using the QoR-40: a quantitative systematic review. *Br J Anaesth*. 2013;111:161-169.
20. Faine B, Denning G, Bell G. A pilot comparison of the efficacy of a 3-day course of nitrofurantoin versus 3-day ciprofloxacin in females with uncomplicated bacterial cystitis in the emergency department. Paper presented at: American College of Emergency Physicians *Scientific Assembly* October 8-11, 2012; Denver, CO.
21. Ding X, Cheng Z, Qian Q. Intravenous fluids and acute kidney injury. *Blood Purif*. 2017;43:163-172.
22. Mazer-Amirshahi M, Fox ER. Saline shortages—many causes, no simple solution. *N Engl J Med*. 2018;378:1472-1474.
23. Patiño AM, Marsh RH, Nilles EJ, et al. Facing the shortage of IV fluids—a hospital-based oral rehydration strategy. *N Engl J Med*. 2018;378:1475-1477.

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(continued from p. 117)

DIAGNOSIS:

Foreign body in the appendix. Foreign bodies in the gastrointestinal tract are common findings in emergency departments worldwide. In many instances, a small foreign body may successfully pass through the entire gastrointestinal tract and exit in the feces.¹ Occasionally, gastrointestinal perforation occurs because of sharp edges or points that the foreign body may have.²

The patient underwent a peritoneoscopic appendectomy to remove the appendix, which was swelling and congestive with the C+ file obstructing the lumen of the middle part of the appendix. The patient had no postoperative complications.

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REFERENCES

1. Ye H, Huang S, Zhou Q, et al. Migration of a foreign body to the rectum: a case report and literature review. *Medicine (Baltimore)*. 2018;97:e11512.
2. Gardner AW, Radwan RW, Allison MC, et al. Double duodenal perforation following foreign body ingestion. *BMJ Case Rep*. 2017; <http://doi.org/10.1136/bcr-2017-223182>.