CASE REPORT OPEN ACCESS

Unusual Presentation of Unwitnessed Lollipop Stick Ingestion: A Case Report

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ABSTRACT

Foreign body ingestion is a common pediatric emergency. However, complications such as intestinal perforation are rare. They are mostly reported when a sharp or pointed objects are swallowed. In this case report an 8-years-old male who presented with acute abdominal pain and operated as having acute appendicitis based on clinical and ultrasound findings found to have a lollipop stick impacted in cecum and resulted in perforation. The presentation is unusual as child was quite grown up and did not disclose the event to the parents and neither to the surgical team. This lead to misdiagnosis.

Key words Cecal perforation, Acute appendicitis, Foreign body ingestion, Acute abdomen.

INTRODUCTION:

Foreign body ingestion is a common incident in toddlers and infants. It is frequently reported in children, especially between the ages of 6-months and 3 years.[1] In most cases, the ingested object passes through the gastrointestinal (GI) tract uneventfully.[2] However, sharp or elongated foreign bodies and ingestion of multiple magnets and other newer jelly toys that contain super absorbent polymer can lead to complications such as intestinal obstruction, ulceration and perforation due to different mechanisms.[3,4] The anatomical location may vary depending upon where the ingested item is lodged. Colon is a rare site of intestinal perforation due to foreign body ingestion and prove fatal.[5] In this case report we present an older child in whom an ingested lollipop stick caused cecal perforation.

CASE REPORT:

An 8-years-old male child presented to the outpatient department with a 3-days history of right lower abdominal pain and loose stools. The patient was previously taken to a clinic in another town where oral medications were advised. However, the pain in right lower quadrant of abdomen persisted. There was no history of fever, vomiting, or anorexia. An abdominal ultrasound done elsewhere suggested a hypoechoic area measuring 1.2-cm in length and 0.5-cm in AP diameter in right iliac region suggestive of acute appendicitis. On admission, the child was alert and active. Abdomen was soft and non-distended, with tenderness in the right iliac fossa. Laboratory investigations showed hemoglobin 12 g/dL, and TLC 12,000/mm^3. A repeat ultrasound abdomen also suggested acute appendicitis based upon the echoes, though clinical symptoms and signs were not convincing.

Based on persistent localized pain and ultrasound findings, a decision of open surgical exploration was made. On opening peritoneal cavity, a few ml of reactionary fluid was drained. A hard longitudinal object was palpated in cecum with omentum adherent to it. After separation of omentum from cecum, a lollipop stick, lying obliquely, was found popping out of a small 0.5-cm x 0.5-cm perforated anterior wall of the cecum (Fig. I and II). The appendix was found elongated and inflamed in the catarrhal stage. An appendectomy was performed (Fig. III). The foreign body was removed and the cecal perforation was repaired. Postoperatively, the child remained stable and gradually started on oral feeds. Superficial surgical wound infection was noted in postoperative period that was managed conservatively. Child was discharged home on 6th postoperative day in a stable condition. Upon asking parents if child had informed them about ingesting any foreign body. The reply was negative.

DISCUSSION:

Foreign body ingestion in children is often unwitnessed and poses a diagnostic challenge.[6] Our case was different as child was of an older age. He did not inform his parents about the incident.

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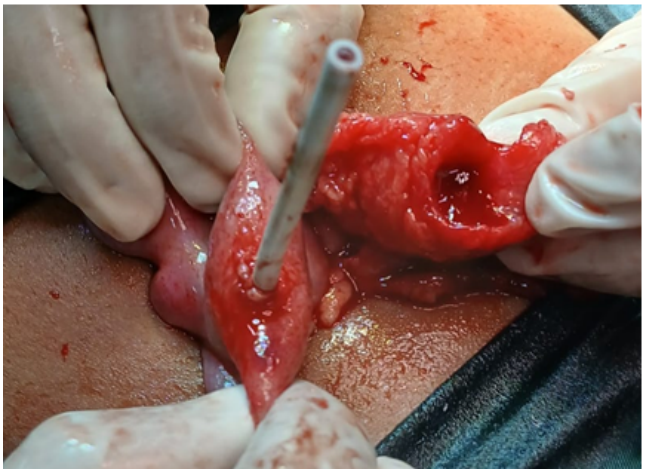

Fig - I: Lollipop stick protruding out of cecum

Fig.- II: Small cecal perforation

Fig - III: Catarrhal appendix

This may be due to fear. It is also usual finding that a lollipop stick traversed whole of the small bowel and ileocecal junction and got stuck at cecum and resulted in perforation. Presence of omentum indicated ongoing inflammation at this level. Appendix though appeared swollen but not significantly inflamed. This may be due to the involvement of cecum as a result of perforation that probably occurred slowly over a period of time. The cecum is an uncommon site of obstruction and perforation due to its wide lumen.

Radiological imaging has limitations when the foreign body is radiolucent. We did not perform X-ray abdomen in our patient. On ultrasound, the lollipop stick was not picked up though comments were made on the status of appendix. The diagnosis of acute appendicitis preoperatively was also not convincing as there was no fever and only a localized tenderness was present without any palpable mass.

In our patient, the orientation of the lollipop stick and its pointed handle might have caused a localized pressure necrosis, eventually leading to a perforation, which was then walled off by the omentum. Irrespective of the mechanism of injury, the gradual onset of the pathological events resulted in a contained pathology that was easily managed surgically. Surgical exploration remained the definitive diagnostic and therapeutic intervention in our case. A minimal invasive approach would have been more appropriate both for cosmetic reason and less morbidity.

CONCLUSION:

This case highlighted the rare complication of cecal perforation due to an ingested foreign body in a child. The presentation was atypical with some overlap with the features of acute appendicitis. Early surgical exploration is a best strategy in doubtful cases as performed in this child.

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