Clinics in Surgery

Clinical Image
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A Screw Nut Removed by Colotomy

Kerem Karaman, Volkan Oter and Metin Ercan*

Department of Gastroenterological Surgery, Sakarya University, Faculty of Medicine, Sakarya, Turkey

Clinical Image

A 22-year-old man was admitted to the emergency clinic with complaints of abdominal pain for last three days. Two weeks ago, he swallowed a hard shaft while eating bread. Serial abdominal plain X-rays and abdominal computerized tomography performed in a state hospital showed a metallic foreign body standing in the abdomen at the cecal localization which did not move forward. He was referred to our clinic when abdominal pain symptoms became obvious (Figure 1). He had rebound-tenderness in the right iliac fossa. An emergent laparotomy was performed with suspicion of viscus perforation. The foreign body was migrated to the inner wall of the cecum which did not allow to milking. Colotomy was performed and a screw nut was removed. Management of many asymptomatic gastrointestinal foreign bodies is usually conservative [1,2]. In the case where the foreign body is unable to pass spontaneously, endoscopic intervention is recommended [3]. Rarely, surgical treatment may necessary when signs of acute abdomen have developed.

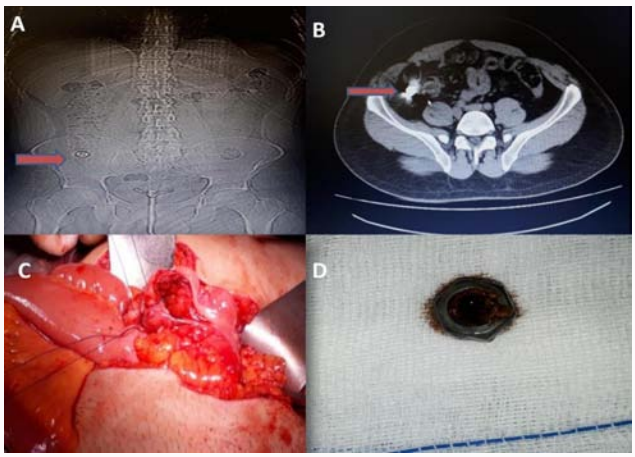

Figure 1: A) Ingested screw nut on abdominal plain X-ray, **B)** Abdominal computerized tomography image shows the screw nut in cecum, **C)** colostomy for removing of the screw nut, **D)** Removed screw nut.

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Correspondence:
Kerem Karaman, Department of Gastroenterological Surgery, Sakarya University, Faculty of Medicine, Sakarya, Turkey,
E-mail: karaman_kerem@hotmail.com

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