

JOURNEY OF A COIN

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ABSTRACT: Accidentally ingested foreign bodies, may pass through the gastrointestinal tract without sequel or may lodge in a segment of gut. We have reported a case of foreign body in gastrointestinal tract.

KEYWORDS: Foreign body, Coin and Gastrointestinal tract.

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INTRODUCTION: Ingested foreign bodies may pass through the gastrointestinal tract without sequel or may lodge in a segment of gut. The outcome of such an event mainly depends on nature of ingested foreign body. Smooth foreign body may pass uneventfully, whereas those with sharp edge may get embedded in the wall of or even penetrate the gastrointestinal tract.

Although, in literature an occasional patient has survived impacted foreign body in oesophagus for upto 15 years.^{1,2} (Jackson C, and Jackson C.C., 1950 & Turner G.G., 1947), few patients survive more than 12 months.³ (Thorek P., 1953). Endoscopic removal is an attractive option. It is universally accepted that an impacted foreign body must be removed at the earliest opportunity.

CASE REPORT: A 15 year old girl from Zaheerabad came to our OPD with history of accidental ingestion of coin with one-month duration (Sep 2015). She was asymptomatic for one month, after which she complained of mild dull pain in epigastric region. There was no history of dyspnea or chest pain. There are no complaints of inability to swallow liquids as well as solids since then.

On examination there was no pooling of saliva on indirect laryngoscopy in both pyriform fossa. X-ray chest and abdomen (erect) showed foreign body at T8. Patient was planned for oesophagoscopy the following day. An x-ray chest and abdomen (erect) is repeated prior to procedure. This x-ray revealed the foreign body has migrated to ileocecal junction. Successive day repeat x-ray revealed the foreign body in descending colon. Foreign body is expelled out the following day.

DISCUSSION: Literature is full of foreign bodies with variable manifestations. No other disease has such vast

presentation patterns owing to infinite variety of foreign bodies, carelessness of patients and mental infirmity of patient.

Since the foreign body is less than 2 cms in diameter and smooth, they are generally expelled out smoothly without any obstruction. The presence of foreign body in one segment of digestive tract for one month and sudden migration of this foreign body makes this an unusual case.



Fig. 1: Showing FB in Gastrointestinal Tract



Fig. 2: Showing FB migrated to ileocecal Junction

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Fig. 3: Showing FB migrated to descending colon

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