Travel of a mis-swallowed long spoon to the jejunum

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Abstract
Foreign-body ingestion is a relatively common presentation at emergency departments, but long metallic spoon swallowing is an infrequent occurrence. Unlike most cases of foreign-body ingestion, there have been no reported cases of long foreign bodies reaching the jejunum. We report a rare case of a coffee spoon that was swallowed accidentally and passed through the pylorus and duodenal loop and reached the jejunum, with no complications.

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INTRODUCTION
Foreign body ingestion is a frequent gastrointestinal emergency. However, long spoon swallowing is a rare event. Most swallowed spoons have been found in the stomach[1-4]. Previously, there has been no reported case of a long spoon reaching the jejunum. We present a rare case of a swallowed spoon with a length of 15 cm. The object passed through the pylorus and reached the jejunum, without clinical complications.

DISCUSSION
A 33-year-old woman presented to our emergency room after accidentally swallowing a spoon. She stated that she attempted to use the spoon to remove a fish bone, which was lodged in the pharynx 20 h previously. She had no abdominal pain, fever, vomiting, dysphagia, voice change, cough, or difficulty breathing. The patient was previously healthy and her past medical history was insignificant. General and abdominal examination was unremarkable. There was no abnormal finding in the laboratory tests.

An urgent plain abdominal radiograph revealed a metallic foreign body in the lower mid-abdomen (Figure 1). Inspection and removal was attempted by flexible gastroscopy. Gastroscopy found that a long spoon was resident in the stomach, together with a large volume of food (Figure 2). However, several attempts to remove the spoon failed because the patient could not tolerate the resultant nausea when the spoon was pulled to the cardia. There was a small amount of bleeding around the cardia. To follow-up the migration of the spoon, a second abdominal radiograph showed that the object position had changed (Figure 3). The second endoscopy confirmed that the foreign body disappeared from the stomach. She had to be taken to the operating room for an exploratory laparotomy, which disclosed that a 15-cm spoon had passed into the jejunum, following about 200 cm of the ligament of Treitz (Figure 4). Laparotomy demonstrated no free pus and fluid within the peritoneal cavity. Blood supply for the intestine was good. No bleeding and perforation was found in the stomach and intestine. After surgery, the patient was well and was discharged home on postoperative day 7.
We tried to remove the spoon by endoscopy. However, our patient could not tolerate the discomfort associated with endoscopy, which had to be discontinued. Surprisingly, the spoon passed through the pylorus and duodenal loop several hours later. We had to remove the foreign body by surgery. In previous studies, long items such as forks or spoons, longer than 6-10 cm, have been unable to pass through the duodenal sweep\[5,6\]. A Medline search indicated that other swallowed spoons have been found only in the esophagus and stomach. It has not been reported previously that a 15-cm spoon has passed through the pylorus and duodenal loop and reached the jejunum.

**REFERENCES**

1 Lin CK, Lee KS, Kuo MC, Lin TJ, Tsai MS. Removal of a mis-swallowed long spoon via gastrotomy—a case report. *Kaohsiung J Med Sci* 2002; 18: 208-210
2 Beldholm BR, Lee AU. Simple endoscopic technique for retrieving a long foreign body from the stomach. *ANZ J Surg* 2007; 77: 560-561
3 Aoyagi K, Maeda K, Morita I, Eguchi K, Nishimura H, Sakisaka S. Endoscopic removal of a spoon from the stomach with a double-snare and balloon. *Gastrointest Endosc* 2003; 57: 990-991
4 Eisen GM, Baron TH, Dominitz JA, Faigel DO, Goldstein JL, Johanson JF, Mallery JS, Raddawi HM, Vargo JJ 2nd, Waring JP, Fanelli RD, Wheeler-Harbough J. Guideline for the management of ingested foreign bodies. *Gastrointest Endosc* 2002; 55: 802-806
5 Blaho KE, Merigian KS, Winbery SL, Park LJ, Cockrell M. Foreign body ingestions in the Emergency Department: case reports and review of treatment. *J Emerg Med* 1998; 16: 21-26
6 Velitchkov NG, Grigorov GI, Losanoff JE, Kjessev KT. Ingested foreign bodies of the gastrointestinal tract: retrospective analysis of 542 cases. *World J Surg* 1996; 20: 1001-1005
7 Chen MK, Beierle EA. Gastrointestinal foreign bodies. *Pediatr Ann* 2001; 30: 736-742