

Clinical Image

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Unusual cause of gastric perforation

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Clinical image description

39-year-old woman was admitted to surgery department for epigastric pain, upper abdomen was tender on palpation without signs of peritoneal irritation. Abdominal plain X-ray and ultrasound showed no significant pathology, there were mild microcytic anemia and leukocytosis, serum amylase was normal, initial C-reactive protein 6 mg/l rose to 142 mg/l during 2 days. Gastroscopy revealed tiny foreign body stabbed into the anterior wall of gastric antrum with submucosal edema around (Figure 1). Sharp fragment was released from the gastric wall by a polypectomy snare and extracted with a forceps (partially pulled into the working channel to avoid esophageal injury), outside verified as plastic shard (Figure 2). CT scans showed single air bubble in the subhepatic space, thus verifying transmural perforation (Figure 3,4). Nevertheless, subsequent course was uneventful with antibiotic and proton pump inhibitor therapy. Retrospectively, patient admitted intake of beverage with ice prepared by smashing of frozen plastic bottle 2 days before hospital admission.

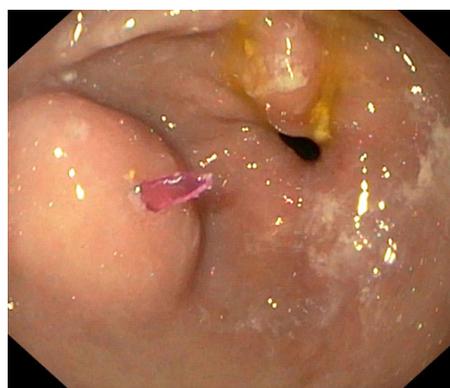


Figure 1

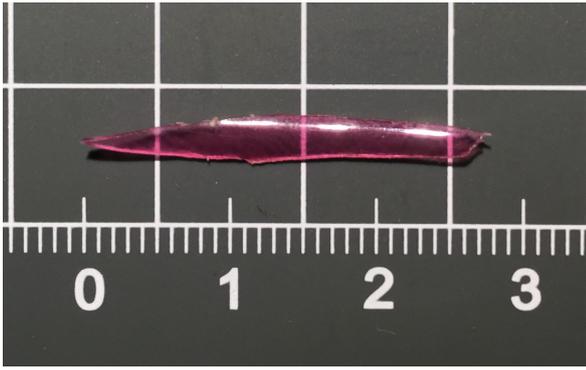


Figure 2



Figure 4



Figure 3