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### **Clinical Image**

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## Peritonitis after rosemary infusion: Is it possible?

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#### Background

We report a case of a 65-year-old-woman, with no pathological history. The patient developed acute onset of perpetual widespread abdominal pain and intermittent episodes of postprandial vomiting. She presented to the emergency department 24 hours after the beginning of symptoms. A physical examination revealed haemodynamically stable patient with generalized abdominal defense.

His baseline workup showed increased inflammatory markers levels such as plasma CRP and leukocytes.

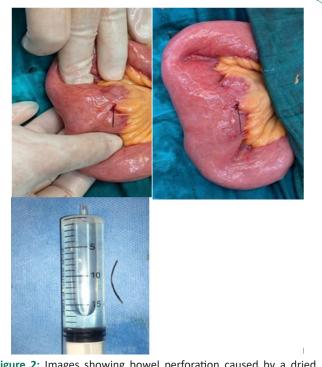
An abdominal contrast-enhanced CT showed perihepatic pneumoperitoneum and distended bowel loops; the findings were suggestive of peritonitis due to hollow visceral perforation (Figure 1).

Hence, a decision was made for a diagnostic laparotomy in which a punctiform bowel perforation caused by a dried rosemary stick was demonstrated (Figure 2). Then, removal of the stick, suture of the jejunal perforation, washing and drainage of the abdominal cavity were realized. The rest of the digestive tract appeared grossly unremarkable. The patient was discharged on fourth postoperative day after complete oral feeding resumption. She was reviewed in consultation three months later, the clinical examination was unremarkable.



Figure 1: CT-scan showing the perihepatic pneumoperitoneum.

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**Figure 2:** Images showing bowel perforation caused by a dried rosemary stick.