

Clinical Images

Rubber Mat Ingestion

KAZUNARI MADO,¹ NOBUYUKI OKUBOTA,² YASUHIKO NAKATA,² DAIJO JINNO,² TADATOSHI TAKAYAMA¹

A 41-year-old man with oligophrenia presented with vomiting for 10 days in May, 2009. Radiological findings revealed a distended small intestine and 3 foreign bodies in the digestive tract (Fig 1). We diagnosed small bowel obstruction due to ingested foreign bodies. Long tube insertion allowed the foreign bodies to move in the large intestine, ameliorating the bowel obstruction (Fig 2). Three 5 × 5 cm pieces of rubber were eliminated in the rectal ampulla by transanal removal on the 6th hospital day (Fig 3). Foreign body ingestion is

frequently seen in psychotic patients¹). Although the foreign bodies pass spontaneously without complications in approximately 80%, patients ingesting an unexpected object occasionally experience complications such as bowel obstruction and intestinal perforation^{1,2}. The foreign bodies were anti-skid rubber mats for furniture, ingested as pica. To date, he has not repeated foreign body ingestion. Careful observation is important, because foreign body ingestion is often repeated.

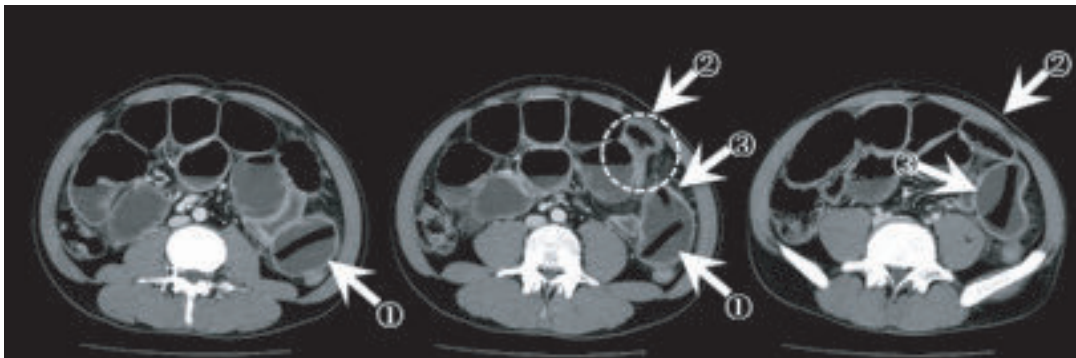


Fig.-1: Abdominal CT showed a distended small intestine and 3 foreign bodies in the digestive tract (arrows) with caliber change (circle).

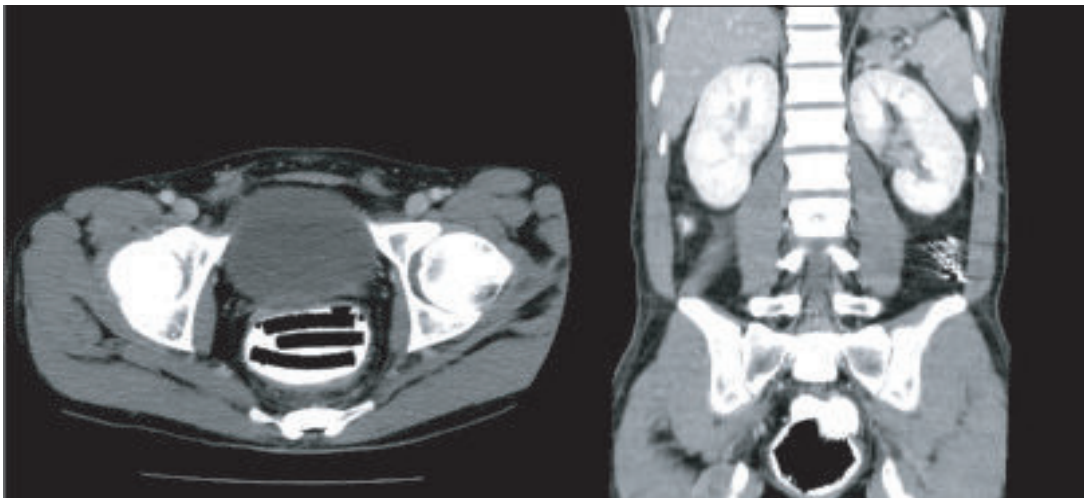


Fig.-2: Abdominal CT showed the foreign bodies to move in the rectal ampulla.

1. Division of Digestive Surgery, Department of Surgery, Nihon University School of Medicine, Tokyo, Japan
2. Mitsuwadai general hospital, Chiba, Japan

Correspondence : Dr. Kazunari Mado, Division of Digestive Surgery, Department of Surgery, Nihon University School of Medicine, Japan. E mail: madoka@umin.ac.

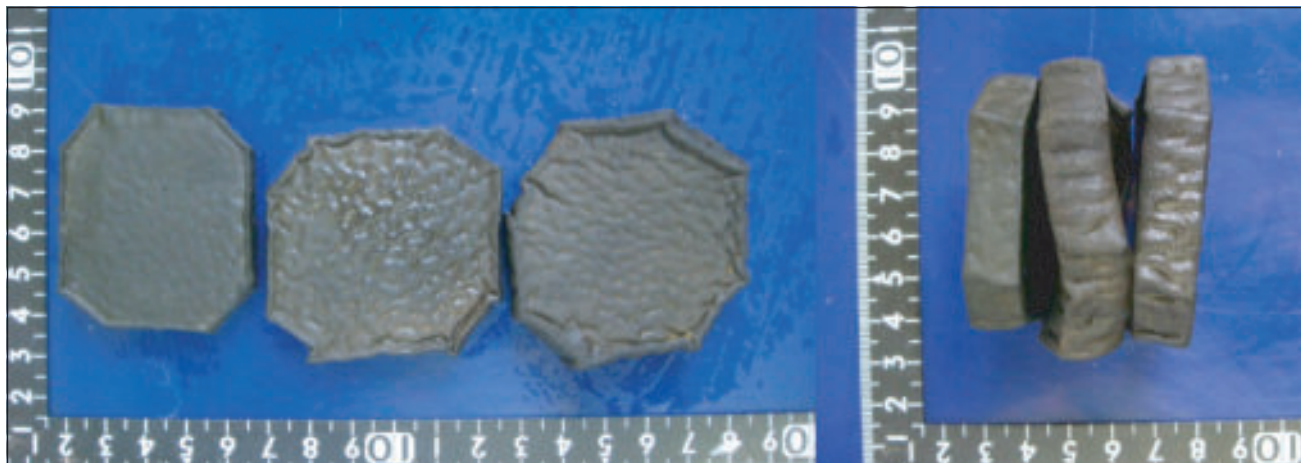


Fig.-3: *The foreign bodies.*

Conflict of Interest : None

References

1. Velitchkov NG, Grigorov GI, Losanoff JE, et al: Ingested foreign bodies of the gastrointestinal tract: retrospective analysis of 542 cases. *World J Surg* 1996; 20: 1001-5
2. Schwartz GF, Polsky HS: Ingested foreign bodies of the gastrointestinal tract. *Am Surg* 1976; 42: 236-8