Sewing needle in the small omentum after ingestion of unknown date

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INTRODUCTION

Sewing needle in the lesser omentum is extremely rare. The literature describes a small number of cases, mainly with the migration of the sewing needle to the liver. Foreign body usually passes through the digestive tract without causing complications, or only minimal discomfort to the patient and observer. In rare cases, especially sharp objects migrate from the digestive tube and cause an emergency stomach or cause mild symptoms or even asymptomatic pass. The case of a patient J.P. 75 years old, who swallowed a sewing needle on an unknown date, which is subjected to surgical treatment. Patients with nonspecific abdominal symptoms if we do X-ray there may be the surprised finding a foreign body in the abdominal cavity.

CASE REPORT

Patient J.P. 75 years old from Bar, after it was identified outpatient a foreign body in the abdomen confirmed by X-ray native abdominal, and with MSCT of the abdomen and consultation gastroenterologist who did EGDS and did not find any foreign body in the upper parts of the digestive tube, and as the nausea and pain in the upper abdomen persisted patient is hospitalized in the department of surgery in General Hospital Bar on 13th November, 2013. The patient can not recall when she swallowed a sewing needle, and she anamnestically states to deal with needlework in the past. X-ray of the lungs and heart was neat, calcified aortic arch. X-ray of the native abdomen indicated metal foreign body in the form of the needle, projection L2 vertebral body in the right hypochondrion. Echo abdomen and kidneys - two kidneys with small cysts parapelic more bigger on the left - 20 mm. Rest of the finding were neat. MSCT of the abdomen showed
metal foreign body in the gastric antrum were rounded out. The bulbus duodenum wall to the left lobe of the liver. The patient was sent on the same day to the gastroenterologist in Clinical Center of Podgorica, who after examination did EGDS and was found the presence of a foreign body in the upper parts of the digestive tract.

The laboratory on 13th November, 2013., Wbc 4.4, RBC 3.60, HGB 101, HCT 32, PLT 208, INR 1.02, K40.6, 5.5 glucose, urea 5.2, creatinine 84, tibili 16.8, ast 26, alt 34, amylase 86

After preoperative preparation, on 19th November, 2013. The patient was operated by supraumbilical medial laparotomy, when the sewing needle was found through the exploration in the lesser omentum which is prepared and than removed. Postoperative recovery runs without complications. She was discharged home in a good general state on the third day after the surgery.

In the further course the patient was followed by antenatal care and the wound healed per primam. The strings were removed on the 14th postoperative day. The patient negated earlier problems, and she returned to the daily activities in a good general condition and fully recovered.
DISCUSSION

Foreign body in the omentum can migrate from the digestive tube or by the penetration through the abdominal wall. In some organs of the abdominal cavity, such as the liver, it can come through bloodstream. Perforation of the GI tract occurs in less than 1% of cases, mainly through the digestive tube where it runs without problems for about a week. The migration of a sewing needle through the stomach can cause a state of emergency abdominal or can get asymptomatic through it. For diagnosis is significant medical history, clinical picture, echo of the abdomen, and especially native x-ray of the abdomen and CT of the abdomen.

Treatment is traditionally classical laparotomy intervention, while today there are more professional works that favor laparoscopic method. The most common foreign body migrates to ileocecal junction and rectosigmoid passage. More often penetrates stomach to the duodenum. If a foreign body is perforated GI tract, although it happens rare, it can lead to the peritonitis, or localized abscess or inflamed pulp, bleeding or fistula.

In this case, after the migration from the stomach, the sewing needle was encapsulated in the zone of inflammation between the small curvature of the wall of the stomach and liver in the lesser omentum. After removing the foreign body and exploration, in our example we did not placed drain into the abdominal cavity, but after hemostasis we closed it in layers. I think that in suspected possible postoperative bleeding or possible obstruction of the bile ducts and digestive tube which are invisible for the eye, in that case we should placed drain in the abdomen.

CONCLUSION

This is rarity in surgical practice that has been treated by the laparotomy with removing the foreign bodies. Foreign body in the lesser omentum is an indication for surgical treatment because of the potential complications that may follow. Today increasingly laparoscopic technique is used as the first choice in the treatment or operating procedure or either as a diagnostic method followed by laparotomy or as a definitive treatment of these patients.

SUMMARY


Ključne riječi: strano tijelo, gastrointestinalni trakt, mali omentum.
REFERENCES