

Case Report

CHRISTMAS EVE PARTY RESULTING IN INTESTINAL OBSTRUCTION—A VERY UNUSUAL CASE

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ABSTRACT

Small bowel obstruction is one of the common causes of admission in surgery clinics. Although a phyto bezoar may cause small bowel obstruction, it is an uncommon cause, reported to be responsible for 0.44% to 4.7% of all small bowel obstructions. We report a very unusual case of small intestinal obstruction due to a full size lemon swallowed under the influence of alcohol on the Christmas eve party.

Key Words: *Small Intestinal Obstruction and Phyto bezoar*

INTRODUCTION

Small bowel obstruction is one of the common causes of admission in surgery clinics. The various causes of small bowel obstruction include postoperative adhesions, strangulation of abdominal wall hernias, tumors from small intestinal wall, ingested foreign materials, bezoars, and gall stones entering the small intestines (Dirican, 2009).

CASES

A 50 years old south Indian male and a daily labourer by occupation was admitted to emergency department with acute pain all over the abdomen, vomiting, abdominal distension of 24 hours duration. He was not passing stools and flatus since one day. He had no cough, no hematemesis, no melaena, no weight loss and no loss of appetite. There was no history of previous surgeries. On physical examination there was tachycardia (105 beats per minute), tachypnoea (22/minute) and blood pressure was 100/70 mmHg. There was diffuse tenderness all over abdomen with guarding and rigidity. Bowel sounds were absent and rectal examination revealed an empty and ballooned rectum. All blood investigations were normal. Abdominal ultrasound showed free fluid in abdomen with dilated bowel



Figure 1: Enterotomy showing the lemon in the lumen



Figure 2: The full sized lemon removed from enterotomy wound

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loops suggestive of intestinal obstruction. X ray of the abdomen erect and supine showed multiple air fluid levels without any gas under the diaphragm with features suggestive of small bowel obstruction with no gas in the rectum. Considering it being the first episode of acute intestinal obstruction and increasing abdominal distension he was taken up for exploratory laparotomy through a midline incision, which revealed grossly dilated, and distended small bowel loops upto duodenojejunal flexure with a soft palpable bowel mass at the ileocaecal junction measuring 6×4 cm which could be milked proximally. There was one litre of straw coloured fluid in the peritoneal cavity. Enterotomy was performed which revealed a yellow fleshy mass.(Figure1) On extension of the Enterotomy a full sized lemon was extracted.(Figure 2) Enterotomy was closed and abdomen was closed with a drain insitu. Further enquiry after surgery he gave a history of partying on Christmas Eve and swallowing a full sized lemon under the influence of alcohol after which he developed the above symptoms. The patient made a satisfactory postoperative recovery.

DISCUSSION

Formed from persistent concretions, bezoars usually originate in the stomach and may consist of vegetable fibers (phytobezoar), hair (trichobezoar), persimmons (disopyrobezoar), or inspissated milk or formula (lactobezoar). (Phillips, 1998) Bezoars develop after ingestion of foreign material that accumulates in the gastrointestinal tract because of large particle size, indigestibility, gastric outlet obstruction, or intestinal stasis. Although a phytobezoar may cause small bowel obstruction, it is an uncommon cause, reported to be responsible for 0.44% to 4.7% of all small bowel obstructions (Karen, 2008 and Dirican, 2009). Because 50-75cms region proximal to ileocaecal valve is the narrowest segment with weak peristalsis phytobezoars passing through the stomach are more likely to become impacted in this region. Larger bezoars cause obstruction at the proximal small intestine (Dirican, 2009).

The presenting symptoms of impacted bezoars vary depending upon the site of impact, type of foreign body and the presence or absence of complications. The common presenting symptoms are chest pain, odynophagia and respiratory symptoms (in the esophagus), symptoms of gastric outlet obstruction (in the stomach), classical symptoms of abdominal pain, vomiting, abdominal distension, constipation (in the small bowel). Sharp foreign bodies may cause perforation. Majority of the foreign bodies pass spontaneously and only 1% or less will require surgery (Eisen, 2002).

Radiological investigations have limitations in studying bowel obstruction from foreign bodies, especially if when they are not radio-opaque. Plain abdominal film has sensitivity of 86% to diagnose high-grade bowel obstruction and will show air fluid level with dilated loops of small bowel (Samadhi, 2007).

Ultrasound examination of the abdomen can occasionally identify the bezoars as an echogenic intraluminal mass. But in situations of acute intestinal obstruction, its utility is limited by the gas filled bowel loops. CT scan if available is helpful in diagnosing and detecting the etiology as bezoar in 73-95% of cases.

The diagnosis may only be established at laparotomy. Preoperative diagnosis of the exact etiology in such patients is difficult and needs a high index of suspicion. They present a diagnostic challenge because of the lack of history and the inability of the patient to correlate preceding events with the episode of bowel obstruction (Vuthaluru, 2010)

However, even when diagnosed only at laparotomy, the outcome is often successful. Impacted enteral foreign body can be managed by open or laparoscopic approaches. However, majority of the impacted bezoars need enterotomy for their removal. Samadhi *et al.*, (2007) reported a case of small bowel obstruction with an apricot managed successfully by laparoscopy.

Comment

Preoperative diagnosis of bezoars as the etiology for acute small bowel obstruction is difficult and requires a high index of suspicion. This unusual cause of small bowel obstruction should not be forgotten

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as it may account to one in twenty cases of this common condition. Laprotomy or laparoscopy may be done for management of this condition with successful outcomes.

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