

Small Bowel Perforation Secondary to Fish Bone Ingestion

Suhair Khalifa Al Saad, CABS, FRCSI, CST*

Tarek M Ismail MB, BCh, MS, MD** Hasan Al Khuder, MB, BCh***

Two cases of small bowel perforation due to fish bone injury were seen in the last 10 years in the department of surgery, the first was in 2004 and a further one in 2010.

The first case was a sixty-two year old Bahraini male who presented to the Emergency Department with acute lower abdominal pain of four hours duration. Abdominal examination revealed, generalized tenderness and distension. There was no guarding or rebound tenderness. Bowel sounds were audible. Abdominal CT scan was not helpful in diagnosis. Conservative treatment failed and the patient needed surgical intervention.

The second case was a seventy-five year old Bahraini male, known to have diabetes, hypertension and senile hypertrophy of the prostate. The patient was admitted with acute generalized abdominal pain of one day duration. Abdominal examination showed generalized abdominal tenderness and guarding with absent bowel sounds. CT scan of the abdomen showed free gas under the diaphragm and free fluid but did not show the site of perforation.

Both cases needed urgent laparotomy, identification of the bowel perforation, removal of the fish bone, and simple closure of the perforation.

The aim of this report is to increase the awareness of fish bone as a possible cause of small bowel perforation particularly in Bahrain, and to advise early surgical intervention and simple closure of the perforation after foreign body removal.

Bahrain Med Bull 2010; 32(4):