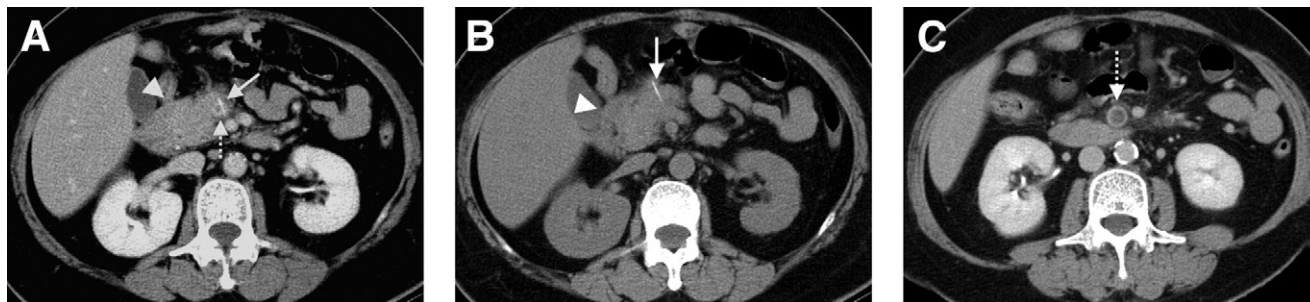


Image of the Month

Fish Bone-Induced Pancreatitis

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See related article, Nazaki Y et al, on page xxii in this issue of *CGH*.

A 66-year-old woman presented to our emergency department with fever and chills, epigastric pain, and body weight loss of about 3 kilograms for 2 weeks. Laboratory data were as follows: white blood cells 12,800/mm³, C-reactive protein 15.04 mg/dL, and lipase 274 U/L. A plain film of the abdomen was unremarkable. Abdominal computerized tomography (CT) was ordered to evaluate for possible pancreatitis. CT image demonstrated a thin radiopaque linear foreign body traversing the pancreas head and penetrating into the superior mesenteric vein (SMV) (Figures A and B), which caused pancreatitis and intraluminal thrombosis of SMV (Figures B and C). Before surgery, the patient could not recall swallowing any foreign body. Exploratory laparotomy confirmed a fishbone had perforated the gastric antrum and migrated into the pancreas. The fish bone was removed. The blood culture yielded peptostreptococcus species. Her recovery was uneventful.

The ingestion of foreign bodies results in gastrointestinal perforation in less than 1% of patients.¹ Fish bones are the most commonly seen objects leading to gastrointestinal perforation.¹ Fish bone ingestion is especially frequent in cultures (eg, Chinese) in which unfileted fish is a culinary delicacy; the bones are frequently ingested accidentally and forgotten.¹ Due to radiolucency, the patient's recall of accidentally swallowing the fish bones is important to establish the diagnosis. Conversely, it can be hard to diagnose early in patients with an uncertain history, and presence of symptoms and signs mimic other intra-abdominal conditions.²

Foreign body-induced pancreatitis is infrequent. In most of these cases, pancreatitis is caused by inflammation of the major duodenal papilla or impaction with bile duct obstruction.³ Pancreatitis caused by direct trauma from an ingested

fish bone is extremely rare. CT is useful in making an early diagnosis.

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Conflict of interest

The authors disclose no conflicts.

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