

Chicken Bone Impaction Diagnosed by Computer Tomography Angiography: A Rare Cause of Lower Gastrointestinal Bleeding

Shaffer R.S. Mok, MD, MBS, Thomas A. Judge, MD, and Steven R. Peikin, MD, FACG

Division of Gastroenterology and Liver Disease, Cooper University Hospital, Mt. Laurel, NJ

Case Report

A 71-year-old man presented with hematochezia and paraumbilical abdominal pain. The patient had a history of left hemicolectomy for unresectable large colonic polyps, but he had no prior episodes of gastrointestinal bleeding and was not on anticoagulants, antiplatelet therapy, or non-steroidal anti-inflammatory drugs. Upon arrival, the patient was hemodynamically stable with a normal complete blood count and international normalized ratio (INR). A computerized tomography angiogram (CTA) utilizing a “bleeding scan protocol” was performed. The radiologist identified a foreign body in the proximal sigmoid colon with adjacent inflammatory changes, with structural characteristics suggesting a chicken gracile bone (Figure 1). The radiologist felt that the location of the gracile bone was the likely source of gastrointestinal hemorrhage due to visible extravasation of contrast. The patient underwent colonoscopy, which demonstrated an impacted gracile bone not adjacent to any diverticula at 25 cm from the anal verge, which was removed via snare (Figure 2). No residual bleeding was detected on careful inspection of the colon after extraction of the bone. Although gracile bone impaction has been described in the past as a cause of upper gastrointestinal bleeding, only 1 case report described lower gastrointestinal bleeding from a chicken bone.¹⁻⁴ Vosskamp et al described a case in which the patient underwent a hemicolectomy for lower gastrointestinal bleeding that showed a submucosal gracile bone adjacent to a bleeding diverticulum.⁴ Our case report exemplifies a rare etiology of lower gastrointestinal bleeding caused by acute gracile bone impaction in the sigmoid colon.

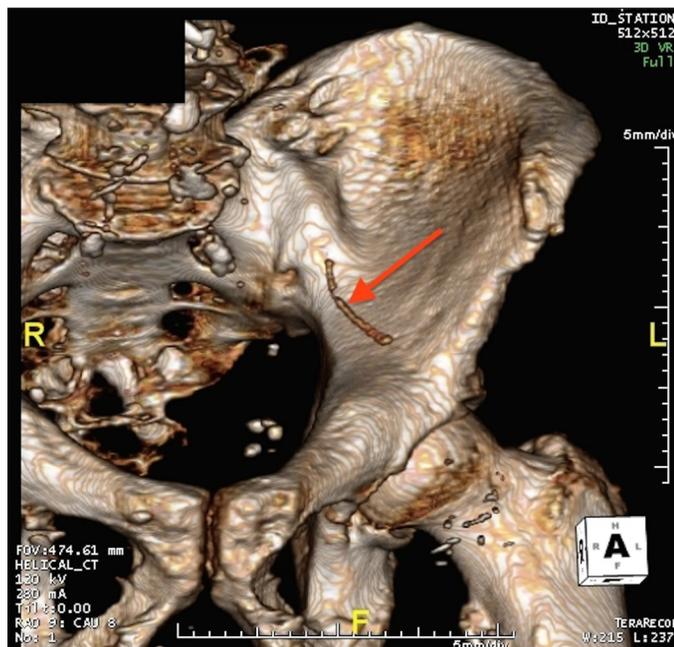


Figure 1. 3D reconstruction from computer tomography angiogram (CTA) imaging showing gracile bone impaction (red arrow).



Figure 2. Colonoscopy showing extraction of gracile bone using snare.

ACG Case Rep J 2014;2(1):4-5. doi:10.14309/crj.2014.63. Published online: October 10, 2014.

Correspondence: Shaffer R.S. Mok, Division of Gastroenterology and Liver Diseases, Department of Internal Medicine, Cooper University Hospital, 501 Fellowship Rd, Suite 101 Mount Laurel, NJ 08054 (mok-shaffer@cooperhealth.edu).



Copyright: © 2014 Mok et al. This work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc-nd/4.0>.

Disclosures

Author contributions: SRS Mok was the primary writer of this manuscript and is the article guarantor. TA Judge reviewed the manuscript. SR Peikin was the primary faculty advisor and reviewed the manuscript.

Financial disclosure: None to report.

Informed consent was obtained for this case report.

Received: July 12, 2014; Accepted: August 19, 2014

References

1. Davila RE, Rajan E, Adler DG, et al. Standards of Practice Committee. ASGE Guideline: The role of endoscopy in the patient with lower-GI bleeding. *Gastrointest Endosc*. 2005;62(5):656–660.
2. Beinert T, Böhm G, Pfretzschner C, et al. Esophageal injuries caused by a swallowed foreign body. A life-threatening condition. *Laryngol Rhinol Otol (Stuttg)*. 1986;65(9):518–520.
3. Shatnawi NJ, Bani-Hani KE. Ingested chicken bone leading to aorto-esophageal fistula. *Saudi Med J*. 2005;26(9):1442–1444.
4. Vosskamp G, Schanz S, Müller G, Kruis W. Mysterious lower gastrointestinal bleeding in diverticular disease of the colon. *Dtsch Med Wochenschr*. 2005;130(34-35):1948–1950.

Publish your work in ACG Case Reports Journal

ACG Case Reports Journal is a peer-reviewed, open-access publication that provides GI fellows, private practice clinicians, and other members of the health care team an opportunity to share interesting case reports with their peers and with leaders in the field. Visit <http://acgcasereports.gi.org> for submission guidelines. Submit your manuscript online at <http://mc.manuscriptcentral.com/acgcr>.