

IMAGE | COLON

A Game of ColoMonopoly

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CASE REPORT

A 29-year-old African-American woman with borderline personality disorder and an extensive psychiatric history of foreign body ingestions and insertions into her skin requiring multiple surgeries presented with foreign body ingestion 1 day prior to admission. One week prior to admission, she had stabbed herself in the abdomen with a needle and had swallowed a thumbtack. Work-up was negative, and the patient was sent to nearby psychiatry facility. While there, the patient noted worsening abdominal pain located in midline near the sternum and left side of the abdomen, as well as diarrhea and occasional hematochezia. She noted that she was angry the evening before hospital admission and had swallowed some board game pieces after a verbal altercation. Her hemoglobin and hematocrit were 10.7 g/dL and 34.4%, respectively. Serial abdominal x-ray imaging was performed to monitor passage of the foreign bodies (Figure 1). The patient agreed to stop narcotics and take polyethylene glycol to speed transit time. Her abdominal pain progressively improved, and all foreign bodies passed in stool after 8 hospitalized days.

Management of foreign body ingestions depends on many factors, including the patient's clinical status and the location, size, and shape of the objects ingested.^{1,2} Most objects that reach the stomach pass conservatively, but endoscopic intervention is required in up to 76% of patients with intentional ingestions, and surgical intervention is required in up to 16%.^{3,4} Serial plain abdominal x-rays remain the modality of choice for assessing foreign body passage.



Figure 1. Plain film radiograph showing foreign bodies in the abdomen on (A) day of admission, (B) day 3 of admission, and (C) day 7 of admission.

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DISCLOSURES

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