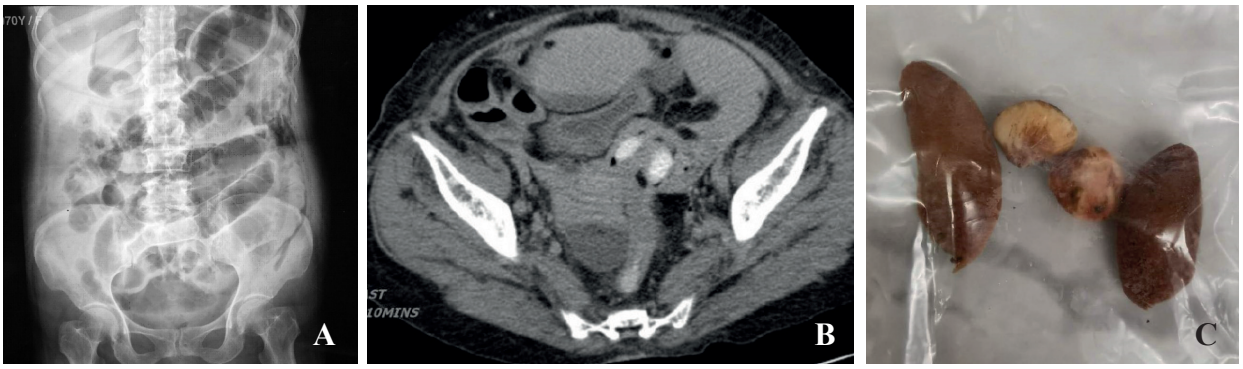
Colonic Perforation due to Phytozoars

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A 70-year-old female had complaints of abdominal pain and vomiting 2 hours before admission. Physical examination revealed rebound tenderness at the lower abdomen. Body temperature was 37°C and blood pressure was 141/75 mmHg. Laboratory testing revealed white-cell count of 12300 per cubic millimeter with 82% neutrophils, 15% lymphocytes and 3% monocytes. Urinalysis was normal. X-ray abdomen revealed ileus pattern with free gas and free fluid in peritoneal cavity. Non-opaque foreign bodies (FB) were seen (Figure A). Computed tomography of the abdomen (Figure B) with retrograde contrast procedure from the rectum revealed contrast leakage at the rectosigmoid junction with four hyperattenuating FB in cal de sac. Each size of FB was 2.4x1.5 cm. (Two Santol and mangosteen seeds). The remainder one was in the sigmoid colon. Moderate amount of contrast was collected in the pelvic cavity and left paracolic gutter. She underwent abdominal exploration. The findings reveal two Santol seeds and two small mangosteen seeds mixed with feces protruding from colonic perforation at the rectosigmoid junction (Figure C). One of the Santol seed at sigmoid colon had also manually squeezed through the perforated hole. There was abscess collection in the pelvic cavity. Hartmann's operation was performed. The patient was in stable conditon post-operation. Phytobezoars caused the colonic perforation, which commonly occurs in the Southern part of Thailand.

References

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