

CASE REPORT

Unusual Foreign Body of Pancreas: Surgical Management

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ABSTRACT

Context The foreign ingestion is common occurrence but migration to pancreas is rare entity. Most of foreign bodies pass spontaneously through the anus but about 1% can perforate the wall of stomach or duodenum to reach solid organ. Pancreatic foreign body can result in fatal complication. Pancreatic foreign body can be removed endoscopically or surgically. **Case report** We are reporting a case of successful removal of pancreatic foreign body (sewing needle) by surgery. **Conclusion** Pancreatic foreign body is a uncommon entity and surgical removal is warranted in majority of cases.

INTRODUCTION

A foreign body in the pancreas are rare and usually caused by sharp objects. Sewing needle can rarely perforate through the stomach to reach pancreas and liver [1, 2]. This can create fatal problem like pancreatitis, abscess and pseudoaneurysm formation [1, 3]. Majority of cases need surgical intervention. We are reporting a rare case of foreign body (sewing needle) in pancreas who was asymptomatic for eight years and which was successfully treated by surgery.

CASE REPORT

A 19-year-old male presented with a 20-day history of pain abdomen, moderate to severe in intensity, continuous, aggravated by lying down, relieved by sitting position and taking analgesic. However, there was no history of vomiting, upper or lower gastrointestinal bleeding. No history of loss of appetite or loss of weight. Past history revealed accidental ingestion of sewing needle while he was at work 8 years back, and was asymptomatic since then.

His physical examination and routine blood test, including hemogram, renal function, liver function, serum amylase and lipase were normal. Abdominal computerized tomography (CT) scanogram

revealed radio-opaque foreign body at the level of 2nd lumbar vertebra simulating a needle (Figure 1). Contrast enhanced computerized tomography scan showed a thin radio opaque (2,300 HU) linear structure of 6.4 cm embedded within head of pancreas (Figure 2). Patient was planned for laparotomy. Duodenum was Kocherized and lesser sac opened. Pancreatic head was firm in consistency, needle could not be palpated, intraoperative sonography was used to localize the foreign body in the head of pancreas. Local resection of needle bearing part of head pancreas preserving duodenum Roux-en-Y pancreatico-jejunojejunostomy was done (Figures 3 and 4). Postoperative period was uneventful and patient was discharged on day 7 on satisfactory condition.

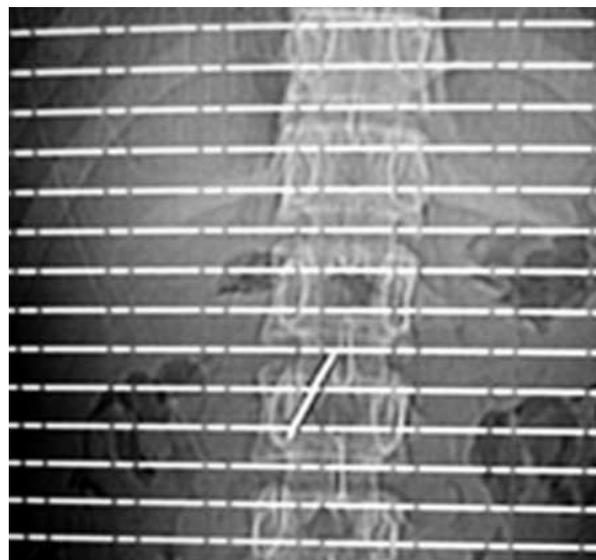


Figure 1. CT scanogram showing radio-opaque shadow suggesting needle.

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Figure 2. CECT showing radio-opaque foreign body in pancreatic head.

DISCUSSION

Sharp foreign body like fish bone, needle and tooth pick may be ingested accidentally. Most of them pass unnoticed but about 1% may perforate through the intestine wall [1].

Cricopharyngeal sphincter, constrictions of the esophagus (due to arch of aorta and bronchus), C loop of duodenum, distal ileum (2 feet proximal to the ileocecal junction) and ileocecal junction are the normal anatomical sites of foreign body impaction. Rarely these sharp objects can perforate through the wall of the stomach or duodenum and may reach the liver or the pancreas [2, 4]. The diagnosis of this entity is difficult as most of patients do not remember the incidence and organic object may mimics the picture carcinoma [4, 5].

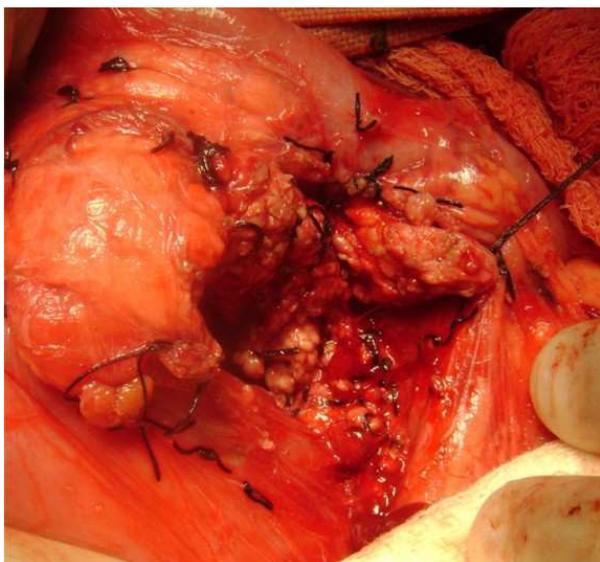


Figure 3. Resection of pancreatic head with protrusion of foreign body from pancreatic head.



Figure 4. Resected specimen with needle.

The diagnosis of foreign body may be suspected on roentgenogram but computed tomography is a must for exact localization and for diagnosis of complication associated with this. Endoscopic removal may be attempted if one end of the foreign body is in the stomach or duodenum but majority of cases requires surgical intervention [2, 3, 4]. Successful laparoscopic removal of pancreatic foreign body in three case has been reported [6, 7, 8].

CONCLUSION

Pancreatic foreign body is a uncommon entity and surgical removal is warranted in majority of cases.

Conflicts of interest The authors have no potential conflicts of interest

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