

A SURPRISE IN THE FORM OF A BIRYANI SPICE: A RARE CAUSE OF SMALL BOWEL PERFORATION

Azizul H¹; Adam A¹; Kavireshna K¹; Maizatul Aliaa AM¹

¹Department of General Surgery, Hospital Sultan Ismail, Johore, Malaysia

Introduction

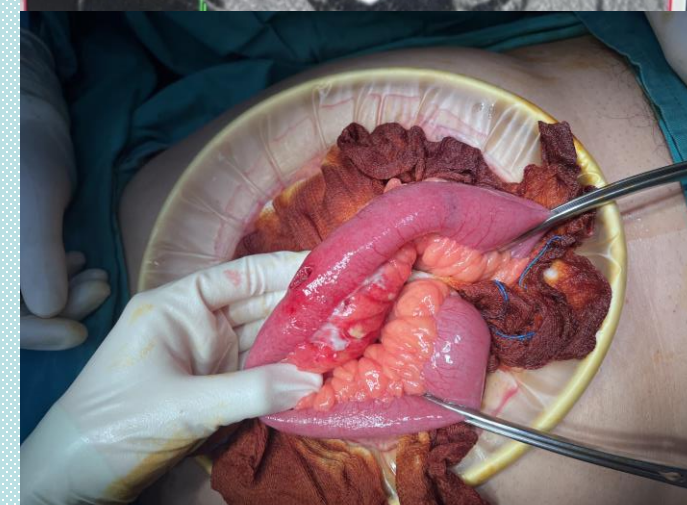
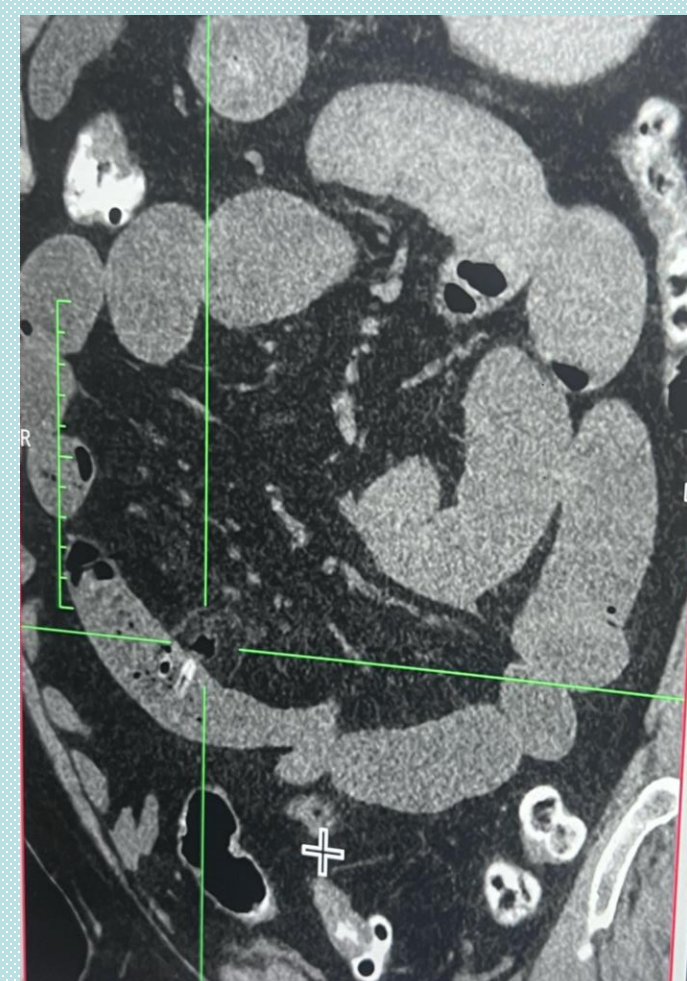
Foreign body ingestion is commonly seen in clinical practice with possible consequence of bowel obstruction and / or perforation. Nevertheless, edible material ingestion leading to small bowel perforation is rarely reported in literature. Hence, we would like to report on a case of small bowel perforation due to an impacted spice.

Case Report

A 61-year-old gentleman with no past surgical history presented to a private hospital with generalised abdominal pain, abdominal distension and vomiting for 3 days. Clinically, there was mild abdominal tenderness without peritonism.

Computed Tomography (CT) of abdomen and pelvis showed dilated small bowels with transition zone at the mid abdomen. Patient was referred to our centre for definitive management with an initial diagnosis of bowel ischemia. Due to a diagnostic conundrum, CT images were reviewed with a second radiologist who detected the presence of an impacted foreign body within the small bowel with minimal amount of extra-luminal air. Immediate decision for surgery was made.

There was minimal contamination seen intra-operatively. A foreign body was felt within the small bowel whereby an enterotomy was made and an impacted food material with sharp ends measuring 4 cm was removed. Segmental resection of small bowel with primary end-to-end anastomosis was performed. Patient recovered well post-operatively and discharged home fit and healthy.



Conclusion

Correlation with patient's history post-operatively, patient admitted to have had a delicious Biryani lunch containing the culprit, 3 days prior to presentation. The ingestion of food material leading to small bowel perforation could happen although it is a remote possibility. Decision for surgical intervention would require holistic evaluation of patient's history and examination. Radiological investigation should also be evaluated with care as it could cause further diagnostic dilemma and serve as a red herring especially in the case of micro-perforations. If precise pre-operative diagnosis could not be achieved, principles for operative management should be adhered to achieve the best possible outcome.