

Severe Epigastric Pain following a Birthday Party

Abstract :

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Abstract

Epigastric pain is a very common symptom which can be caused by a wide range of clinical conditions. A 28 year old male presented to our clinic with new onset severe epigastric pain. As part of the routine work up for pain of this nature, we proceeded to upper gastrointestinal endoscopy. A toothpick was found lodged in the antral gastric wall with a resulting inflammatory mass abutting the free edge. It was removed successfully with full resolution of symptoms, however a review of the literature shows that ingested toothpicks can cause major morbidity.

Introduction

Epigastric pain is a very common symptom which can be caused by a wide range of clinical conditions. An accurate history is key, but may not always explain the symptoms accurately. In these cases, a wide differential and full gastrointestinal work up may be warranted. Ingested foreign bodies are usually egested without problems, however, a sharp object should raise the index of suspicion for complications.

Case Report

A 28 year-old man presented to our clinic with a five week history of constant, worsening epigastric pain which was aggravated by eating and associated with nausea and retching. Over several years previously, he experienced intermittent heartburn and much milder epigastric pain, particularly following substantial beer consumption, but the current symptom was much more severe. He couldn't identify a precipitating event. He appeared systemically well but the epigastrium was tender, without peritonism. Biochemical profile, including amylase, abdominal and erect chest radiographs were all unremarkable.

Figure 1:Endoscopy revealed a toothpick lodged in the antral wall causing an inflammatory mass at the free edge.

Gastrosocopy revealed a wooden toothpick firmly embedded in the posterior antral wall, with a hard, inflammatory mass directly opposite, abutting the free, sharp end of the object. The toothpick was dislodged with biopsy forceps and retrieved by snare. The patient couldn't explain our finding and was discharged on a Proton Pump Inhibitor. Histopathology showed benign inflammatory features. Nine days later, the patient reported symptomatic resolution. He also recalled that around the onset of his symptoms, he'd been at a birthday party, recounted that some revellers were throwing toothpicks into each other's pint glasses. Although he couldn't recall swallowing one, this presumably explained our finding. Repeat gastrosocopy four weeks later revealed complete resolution of the inflammatory change.

Figure 2: Follow up endoscopy showed full resolution of inflammatory mass.

Discussion

Epigastric pain is a very common symptom which can be caused by a wide range of clinical conditions. An accurate history is key, but may not always explain the symptoms accurately. Ingestion of foreign bodies will likely be noted in the history but occasionally the ingestion is only recalled retrospectively once the diagnosis is made. Ingestion of foreign bodies can result in a myriad of symptoms but most commonly the majority (80-90%) pass through the gastrointestinal system without complication¹. While many objects are harmless, there is associated mortality² due to the risk of major organ or vessel penetration³ depending on the object. Previous reports of an ingested toothpick depict the varied consequences of systemic bacteraemia⁴, perforation of the small bowel⁵, infected vena-caval thrombus⁶ and hepatic abscess⁷ with abdominal pain the most consistent symptom. As in our case, ulceration of healthy mucosa on endoscopy has been described as an acute or chronic consequence but in all reported cases this has been as a result of the penetrating toothpick with no separate second mass. The literature would suggest that on removal of the offending foreign body, the inflammatory response quickly resolves with a return to normal gastric mucosa, as was recorded in our case.

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Comments: