

# Needle in a haystack: hepatic abscesses secondary to inadvertent ingestion of a foreign body

**A** 59-year-old man presented with fevers and epigastric pain. Computed tomography demonstrated connecting hepatic abscesses, but of particular interest was a 2.4 cm high attenuation linear density projecting from the stomach into the liver (*Figures 1a and b*). This appeared to be a foreign body, ultimately identified as a toothpick during laparoscopic surgery (following failed conservative management).

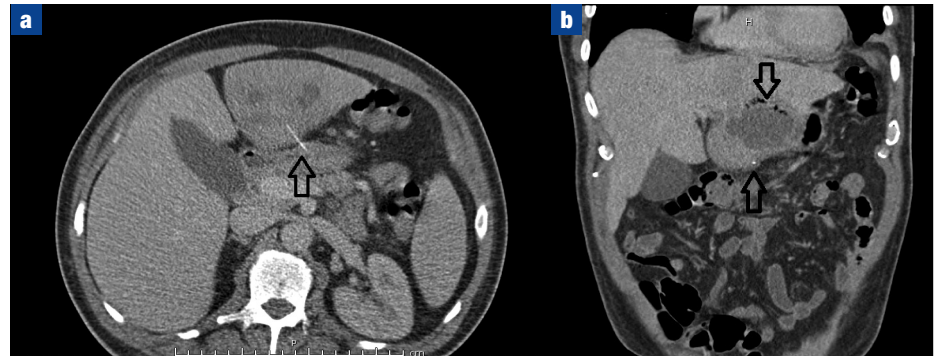
Ingestion of a foreign body into the gastrointestinal tract is rarely eventful, with perforation identified in fewer than 1% of cases (Kim et al, 2013). Animal bones are the commonest culprit although toothpicks,

lollipop sticks and other man-made items have also been implicated (Goh et al, 2006). Patients are rarely conscious of the event, so it can be a challenging diagnosis, hindered by non-specific symptoms and misinterpreted radiological features. It is therefore vital to maintain a high level of clinical suspicion in cases of unexplained abdominal pain and use appropriate imaging promptly. **BJHM**

Goh BKP, Chow PKH, Quah HM, Ong HS, Eu KW, Ooi LLPJ, Wong WK. Perforation of the gastrointestinal tract secondary to ingestion of foreign bodies. *World J Surg.* 2006 Mar;30(3):372–377. <https://doi.org/10.1007/s00268-005-0490-2>

Kim MJ, Seo JM, Lee Y, Lee YM, Choe YH. An unusual cause of duodenal perforation due to a lollipop stick. *Korean Journal of Pediatrics.* 2013;56(4):182–185. <https://doi.org/10.3345/kjp.2013.56.4.182>

**Figure 1. a and b.** Multiple, connecting, low attenuation lesions containing air within the left lobe of the liver, in keeping with multiple liver abscesses. The area of abnormal liver measures 9.3 x 10.6 x 9.7 cm. A 2.4 cm high attenuation linear density projects from the stomach antrum into segment 3 of the liver, which represents the ingested foreign body (arrows).



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