

Fishbone perforation of the terminal ileum mimicking acute appendicitis

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A 43-year-old man presented with abdominal pain in the right lower quadrant. Physical examination revealed abdominal tenderness. Laboratory studies revealed an increased C-reactive protein level of 37.5 mg/litre and a neutrophilic (85%) leukocytosis with a white blood cell count of 12.78×10^9 /litre. Computed tomography revealed a curvilinear radiopaque density penetrating through the terminal ileum into the mesenteric fat. A fishbone was removed via exploratory laparoscopy and the perforation site was repaired with primary closure (Figure 1).

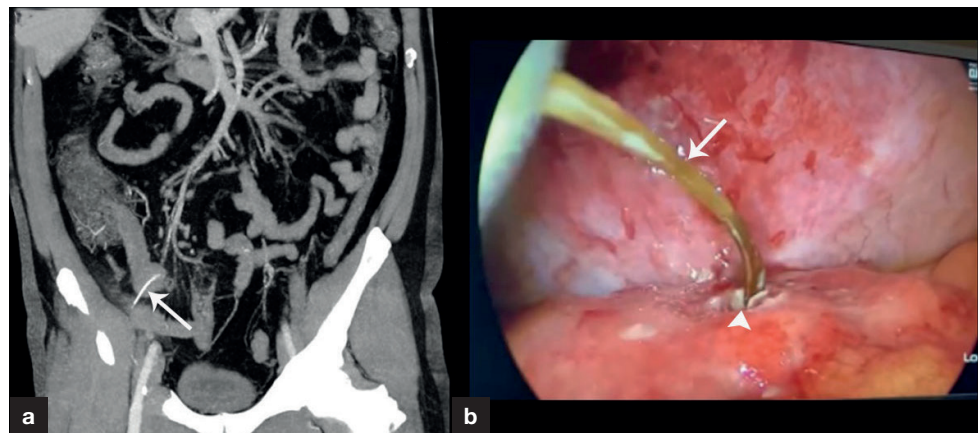


Figure 1. a. Coronal contrast-enhanced three-dimensional volume-rendered portal venous phase abdominopelvic multidetector computed tomography image showing the fishbone (arrow) penetrating through the terminal ileum wall into mesenteric fat. b. Intraoperative image of the fishbone during laparoscopic retrieval (arrow) and the perforation site (arrowhead).

Bowel perforation by a fishbone may present with diverse and atypical non-specific clinical symptoms, and there is rarely a history of foreign body ingestion (Goh et al, 2006). Making a correct preoperative diagnosis of fishbone-related perforation in the terminal ileum is challenging since it may mimic acute appendicitis, may cause secondary appendicitis, or even may be associated with appendicitis with perforation (Harhar et al, 2021). The definitive diagnosis can easily be made by identifying the fishbone on computed tomography (Lin and Wu, 2012).

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