

Swallowed chicken bone migration into the liver

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A 72-year-old woman with a history of hypertension and hyperlipidemia was admitted to the Emergency Department with abdominal pain, vomiting and a 1-week history of intermittent low-grade fever. Symptoms had increasingly worsened.

She reported nausea and vague epigastric pain. She was mildly pyrexial (37.9 °C). On examination, the abdomen was soft, with normal bowel sounds and without contracture or distention. The rest of the examination was non-contributory. Blood testing showed a leukocyte count of 13.900 per cubic millimeter with 76% neutrophils. Her vital signs were normal. A contrast-enhanced abdominal computed tomography was obtained. A 2-cm linear, radiopaque structure in the fourth segment of the liver

(Figure 1, arrowhead) was identified. Neither fluid collections nor free abdominal air were noted. After imaging, further questioning revealed that a first episode of severe epigastralgia had begun following a hearty meat meal. On this basis, a diagnosis of a swallowed foreign body (chicken bone) migration to the liver was made.

The patient was treated nonoperatively and observed on a course of antibiotics to which she responded favorably. She was well and discharged home after 13 days. Two months later, the patient was doing well.

Accidental ingestion of foreign bodies is a common occurrence and may present higher prevalence than commonly believed because most swallowed foreign bodies pass through the gastroenteric tract uneventfully.¹ Indeed, the large majority of patients do not recall ingesting the foreign body, and diagnosis is made usually incidentally or only when complication occurs. Complications due to accidentally swallowed foreign bodies are widely reported in the medical literature but ordinarily include abdominal manifestations due to gastrointestinal perforation or obstruction. Herein we report the case of an unknowingly ingested chicken bone which firstly perforated the gastrointestinal tract and progressively migrated to the liver parenchyma. In such cases, diagnosis can be highly elusive,² but prompt identification is crucial to ensure appropriate management.

Medical approaches could be attempted firstly.³ Direct removal (either percutaneous transhepatic or surgical) may be also considered, depending on the severity of symptoms.

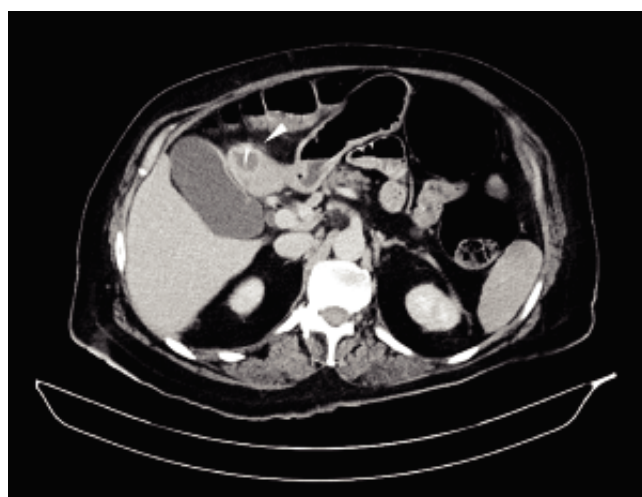


Figure 1. Abdominal CT revealing a linear radiopaque structure in the fourth segment of the liver.

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