A Surprising Finding in a Screening Colonoscopy

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n asymptomatic 74-year-old man was seen for a routine screening colonoscopy. Upon entering the cecum, an unknown sharp metal object was seen lying on the floor of the cecum near the appendiceal lumen. It was nonobstructive and resting freely in the unremarkable bowel lumen (Figure 1). It was carefully removed with cold biopsy forceps. The object was kept under direct visualization at all times, so as not to puncture or tear the colonic wall. The procedure was completed without complications. The patient had no knowledge of the object, nor did he have any insight as to likely occasions for ingestion.

Question: Into which aspect of the patient’s history would you want to direct further questions to determine what the object is or where it came from?

Answer: Dental history.

The object was eventually identified as the tip of a dental instrument, and the patient confirmed that he had visited his dentist two weeks prior to the colonoscopy. (Note the size of the instrument tip in Figure 2.) The dentist had made no mention of the missing tip to the patient.

Discussion
Dental instruments, dentures and toothbrushes are commonly ingested foreign objects. The majority of objects that are ingested pass harmlessly through the GI tract and exit the body with the feces. In approximately 10% to 20% of these events, nonsurgical intervention is required. Only 1% require surgery. Of particular concern are cases in which a sharp, pointed object is ingested. These have a complication rate as high as 35%. Sharp objects may require emergent endoscopic or surgical removal. Objects such as bones, toothpicks, toothbrushes, pins, needles and dental instruments should all be removed endoscopically after radiography has been performed to avoid bowel injury, perforation and obstruction.

Learning point
• Don’t overlook the patient’s dental history when considering the source of an ingested object.

REFERENCES

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