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CASE REPORT

"Conservative Management of Ingested Metal Nails: A case Report"

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Abstract

We present a case of 18 years old male carpenter, who presented with on and off vomitings. To rule out the cause investigations were done. Upper gastro intestinal endoscopy revealed hundreds of metal nails in stomach. Psychiatrical assessment was done and he was found normal. No intervention was done, as the patient remained uneventful during the course of treatment. He was advised Psyllium husk, which increased the faecal bulk and bowel motility. Patient passed all the metal nails with faeces uneventfully, which were witnessed by a series of X-ray abdomen.

This case is unique in presentation as well as in its conservative management.

Introduction

Foreign bodies in gastro intestinal tract is never been an uncommon problem. Majority of foreign body ingestion occurs in children and in mentally unbalanced adults. As many as 2533 foreign bodies have been reported from the stomach of a single patient (Chalk and Faucer, 1928) and 2562 metal nails have been removed from the stomach (Khan et al, 2011). Once the foreign body passes the oesophagus, it passes uneventfully (Carp, 1927; Pellerin,1969) however sharp and pointed objects increases the risk of perforation (Carp, 1927; Palta, 2009), though the rate of endoscopic intervention may range from 63% to 76% and the need for surgical intervention ranges from 12 to 16% (Palta, 2009;Weiland and Schurr, 2002).

We describe below, a case of ingested hundreds of metal nails, presented with the complaint of vomiting only and was treated with Psyllium husk, which is commonly known as 'isapgol' and it is obtained from the ripe seed of *Plantago Ovata Forks* and *Plantago Ovata Decne*.This husk is used in medicine because of mucilage and it serves as bulk laxative, which stimulates the intestinal peristalsis. (Henry, 1999; Chopra et al, 1958)

Therefore this case is rare in presentation as well as in its conservative management.

CASE HISTORY

A18 years old male patient, who was carpenter reported in surgery O.P.D., Complaining of vomiting off and on for last 6 months. His past medical histories along with vitals were normal. He was found well psychologically. Abdomen was soft in examination. Complete haemogram, Liver Function Test, Ultrasonography of abdomen came out to be normal along with negative HBsAg. Upper G.I. Endoscopy was done, which surprisingly revealed large metal nails in stomach (fig.1). On cross questioning, the patient admitted the he used to keep the metal nails during working in his workshop, but he was unaware of swallowing these metal nails. X-ray abdomen erect posture was done to know the site of metal nails in gastro intestinal tract and their approximate number as well. The first X-ray abdomen (fig-2) showed countless metal nails in stomach, some in ileum and some in ascending colon. As his

abdomen was soft in examination and metal nails were moving forward in gastro intestinal tract, we planned to manage him conservatively. He was admitted in the hospital and was advised Psyllium husk (Isapgol husk), 2 tea spoon, twice daily with luke warm water along with lots of oral fluids throughout the day. Patient was kept under observation for the appearance of any obstructive feature, abdominal pain, haemetmesis or malena; patient's stool was also observed for the passing of metal nails. He was regularly passing the metal nails in his stool. His progress was monitored by serial of plain abdominal radiograph fig (2, 3, 4). It became evident from the last X-ray abdomen (fig. 4) and metal nails free stools that the metal nails passed out from the gastrointestinal tract completely on 12th day. In spite of metal nails in gastrointestinal tract the patient remained uneventful throughout the treatment and he was managed conservatively.

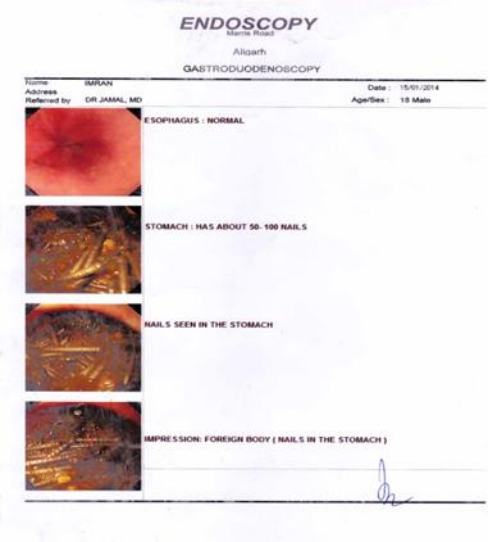

Fig no. 1

Fig no. 2

Fig no. 3

Fig no. 4

DISCUSSION

In adults foreign body ingestion occur more commonly, especially in those with psychiatric disorders (Burhan et al, 1998; Bisharat et al, 2008; Palta, 2009) but we found our patient psychologically fit.

Though hundreds of sharp metal nails were present in gastrointestinal tract in our patient but these metal nails did not penetrate the wall of gastrointestinal tract or migrated to other organs and it did not caused the obstruction in the gastrointestinal tract whereas the risk of complication caused by the sharp pointed object is as high as 35% (Rosch, 1972). Vomiting was the only presenting symptom, thus ingestion of foreign body should be kept in differential diagnosis of vomiting without psychiatric disorder.

The significance of this case is that we planned to manage the patient conservatively by prescribing him Isapgol husk, which is one of the popular laxatives that gives bulk to stool and increase the peristaltic movements (Henry, 1999; Chopra et al, 1958) and in our case of ingested metal nails, intake of psyllium husk (Isapgol husk) helped the uneventful and early evacuation of metal nails on 12^{th} day whereas the objects which are small and less in number takes minimum of four weeks to pass through faeces (Carp, 1927; Hachimi-idrissi et al, 1998). The medicines which give bulk to stool, increase intestinal peristalsis and are laxative may become helpful in early and safe evacuation of small foreign bodies and in absence of any symptoms, during conservative management series of radiographs are sufficient to follow the progress of small objects in gastrointestinal tract. The perusal of literature did not reveal any case of metal nails in which conservative management was done with the help of laxative and bulk forming drugs.

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