

**CASE REPORT**

## Successful Conservative Management of Multiple Spoons Ingestion in a Psychiatric Patient - An Unusual Case Report

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### ABSTRAK

*Kes tertelan objek asing adalah kejadian yang biasa berlaku di kalangan kanak-kanak, namun ia lebih jarang berlaku pada orang dewasa, kecuali dalam kalangan pesakit tertentu, di mana pengurusan secara konservatif sering kali berjaya. Kami melaporkan satu kes tertelan objek asing dalam seorang pesakit psikiatri berusia 32 tahun yang berjaya dirawat dengan kaedah endoskopik dan tanpa memerlukan pembedahan. Kes ini menekankan kepentingan pemilihan kes yang sesuai untuk pengurusan konservatif atau endoskopik serta membincangkan kriteria yang perlu dipertimbangkan untuk rawatan pembedahan.*

**Kata kunci:** Endoskopik; psikiatri; tertelan objek asing

### ABSTRACT

Foreign body ingestion is common among the pediatric population but is quite rare in adults, except in certain patient groups, where it is often successfully managed conservatively. We reported a case of foreign body ingestion in a 32-year-old psychiatric patient that was successfully managed using both endoscopic and non-operative methods. This case highlighted the importance of appropriate case selection for conservative or endoscopic management and discussed the criteria for operative intervention.

**Keyword:** Endoscopic; foreign body ingestion; psychiatric

### INTRODUCTION

The management of foreign body ingestion is a clinical dilemma that is often encountered, with approximately 80% of these cases not

requiring any intervention as they will pass spontaneously. Most cases of foreign body ingestion occur in the pediatric age group. In the adult population, the at-risk individuals

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include those with intellectual disabilities, psychiatric disorders, drug or alcohol intoxication and convicts. Here, we presented a case of multiple spoon ingestions in a 32-year-old psychiatric patient, successfully managed endoscopically and conservatively.

### CASE REPORT

A 32-year-old woman with a history of major depressive disorder and borderline personality disorder was brought to the emergency department by her husband due to suspected foreign body ingestion. She had ingested two stainless steel tablespoons and two teaspoons after experiencing an urge to swallow them. She has been diagnosed with major depressive disorder and borderline personality disorder 19 years earlier and had been under regular psychiatric follow-up.

The patient had a history of multiple episodes of self-harm and suicide attempts, often impulsive and unplanned, during which she ingested foreign objects. Three years prior, she had ingested blades that were naturally passed through her bowel movements. Additionally, one year ago, she had ingested a metal brooch and spoons, requiring laparotomy, enterotomy and foreign body removal. These episodes were triggered by ongoing stressors, including separation from family members and children.

During the current presentation, the patient reported no abdominal pain or symptoms suggestive of upper or lower gastrointestinal bleeding. On physical examination, she was clinically stable with no abdominal tenderness or signs of peritonitis. There were no indications of gastrointestinal bleeding.

A plain abdominal X-ray (Figure 1) revealed two teaspoons and a tablespoon in the stomach, with another tablespoon located in the transverse colon. Within



FIGURE 1: Foreign bodies in the stomach and transverse colon on abdominal X-ray

24 hours, the patient underwent an upper gastrointestinal endoscopy, during which the three spoons in the stomach were successfully retrieved without immediate complications (Figure 2). The large spoons were retrieved using upper gastrointestinal endoscopy (Oesophagogastroduodenoscopy) with the aid of a Roth Net Retriever (Vitramed Pty Ltd, New



FIGURE 2: Retrieved spoons endoscopically

South Wales, Australia) device. This procedure was performed under sedation, with titration of intravenous midazolam (5 mg) and IV Fentanyl (50 mcg) in our endoscopy suite. The procedure was successful as the patient's psychiatric condition was stable; she had good insight into the procedure and provided her full cooperation. The spoon in the transverse colon was managed conservatively with the administration of laxatives to facilitate its passage through the anus. Serial plain abdominal X-rays were conducted to monitor the progress of the spoon's passage.

On day 7, the patient was scheduled for a sigmoidoscopy to remove the remaining spoon, which had been observed in the rectum on X-ray (Figure 3). However, the patient reported that she had not passed the spoon per anus. Pre-procedure pelvic and abdominal X-rays were performed, and the spoon was no longer visible. The patient was subsequently discharged without immediate complications and was referred for ongoing psychiatric follow-up.

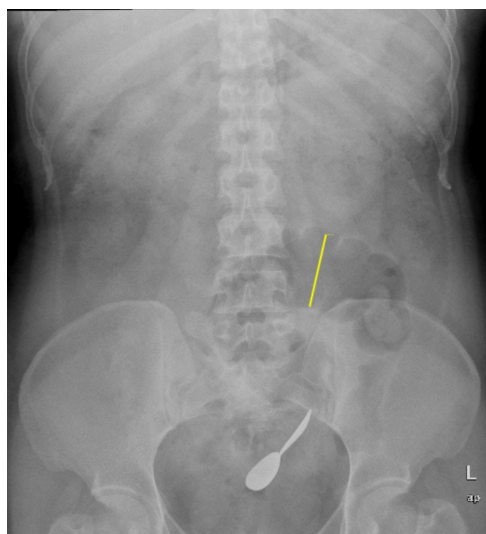


FIGURE 3: Spoon in distal colon on abdominal X-ray

## DISCUSSION

Psychiatric disorders are one of the risk factors for bizarre foreign body ingestion (Dyke et al. 2014). In this case, our patient, who had an underlying psychiatric disorder, impulsively ingested four large spoons without preparation. The clinical approach to foreign body ingestion depends on the size, type of material and the patient's clinical condition (Emara et al. 2014). Emergency endoscopy is warranted for ingested foreign bodies causing complete esophageal obstruction, irregular objects with sharp or pointed edges in the esophagus or stomach, or batteries in the esophagus (Birk et al. 2015).

Urgent endoscopy within 24 hours is typically indicated for large objects greater than 6 cm in length or 2.5 cm in diameter that are located in the stomach (Birk et al. 2015). Since the three spoons in this case were in the stomach, were of significant size, and the patient remained stable without any signs of enteric perforation, an urgent upper endoscopy was performed, during which all three spoons were successfully retrieved. Endoscopy is a highly effective method and is performed in approximately 20% of foreign body ingestion cases. The potential complications of the procedure include gastrointestinal bleeding, esophageal and gastric perforation, and lung aspiration. For our patient, the endoscopic procedure was conducted by a senior surgeon with extensive experience in endoscopy. The foreign bodies (in the Roth Net Retriever device) were under direct endoscopic visualisation throughout the retrieval process to avoid potential complications. Both the legal guardian and the patient were well informed about these potential complications and were counseled regarding the need for possible surgical intervention (laparotomy/thoracotomy) if complications arose that could not be managed endoscopically. The

respective Upper Gastrointestinal Surgeon, Cardiothoracic Surgeon, and Anesthesiology teams were well informed about the procedure and the potential need for surgery if complications occurred. This highlights the importance of a multidisciplinary approach in managing the case.

Surgical exploration and removal of an ingested foreign body are indicated in about 1% of cases, particularly when complications such as enteric perforation or bleeding occur and cannot be resolved endoscopically (Melzer et al. 2018). Another management approach for foreign body ingestion is watchful waiting, which was selected for the fourth spoon located in the transverse colon. This approach can be considered in stable adults who have ingested small blunt objects that have progressed to the proximal colon (Melzer et al. 2018). These patients should be closely monitored through serial stool examinations or serial X-rays to track the object's progression to the rectum, at which point transanal removal may be considered.

Psychiatric management is another important aspect of providing holistic care for this patient. The patient had defaulted on her previous psychiatric outpatient follow-ups. A psychiatric consultation was conducted upon her presentation in the Emergency Department, and she was reviewed daily by the psychiatric team throughout her inpatient stay. There was no episode of acute psychosis during her stay, so no antipsychotic medication was administered. She underwent cognitive behavioural therapy and psychosocial support sessions during her hospitalisation, with support from her husband and other family members. The main stressor of being separated from her children was alleviated when they visited her regularly. Further measures were taken to facilitate a workplace transfer, enabling her to be closer to her children and

family, thus reducing the risk of recurrent self-harm and suicide attempts. She continued her psychiatric follow-up on an outpatient basis.

## CONCLUSION

An endoscopic and conservative approach to managing foreign body ingestion is suitable for stable patients, depending on the type of ingested material and the absence of bowel obstruction or complications. Our case clearly illustrates the safety and suitability of these approaches in a well-selected patient with an underlying psychiatric illness.

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