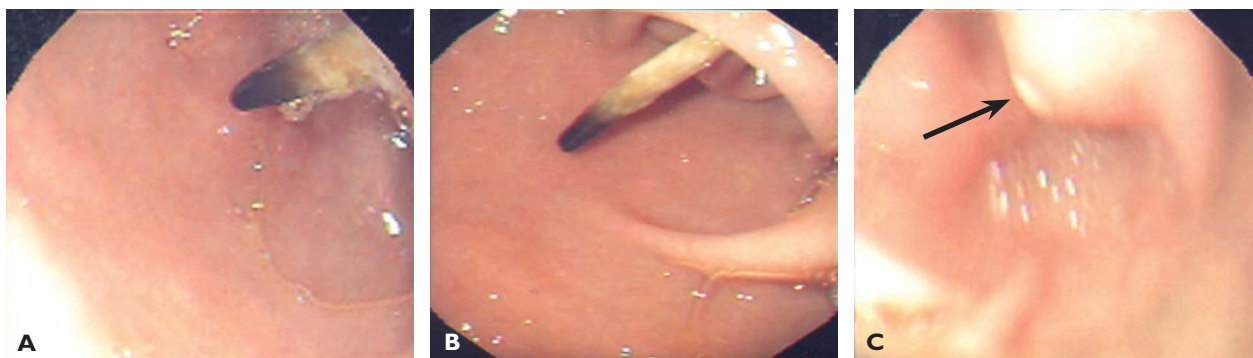


Ingested Toothpick

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A 48-year-old woman presented to a gastroenterologist on referral from her primary care physician due to constant sharp pain in the periumbilical region and dark “blackish” stools that she had been having for 1 month. The pain radiated to the epigastric area, worsened postprandially, and was improved by famotidine. Her past medical history included peptic ulcer disease, chronic constipation, internal hemorrhoids, colonic polyps, hypertension, and smoking. Physical examination revealed mild tenderness over the epigastric area and no evidence of abdominal mass. The differential diagnosis included primarily peptic ulcer disease, gastritis, and duodenitis.

The patient’s dentures were removed and esophago-

gastroduodenoscopy was performed. During endoscopy, a wooden toothpick was found embedded in the posterior wall of the distal antrum (**Image A** and **Image B**), and it was surrounded by a subtle, rounded bulge that was actively exuding a small amount of pus from its center (**Image C**). An overtube was placed and with snare technique a 33-mm long toothpick was recovered. The patient’s pain was markedly diminished postprocedure.

A 4-year survey conducted in the United States found that an average of 8176 toothpick-related injuries occurred yearly, with 5% involving an internal organ.¹ Toothpicks may easily burrow into the gut mucosa and can be particularly troublesome because they are radiolucent and may be missed on imaging studies. The risk of toothpick ingestion increases in the setting of diminished palatal sensitivity due to such conditions as denture use, alcohol ingestion, and intake of cold beverages. The patient in this case had upper and lower dentures. It is rare for toothpick ingestion to present as abdominal pain as toothpicks usually pass uneventfully.² Interestingly, the case patient did not seek immediate medical attention for an attack of abdominal pain and melena because she attributed her symptoms to underlying peptic ulcer disease.

REFERENCES

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