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Spontaneous Passage of Multiple Ingested Razor Blades

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Abstract **Case Report**

A 23-year-old male with history of depression presented to the emergency department within a couple hours of consuming two razor blades as part of a challenge from his peers. Abdominal radiograph initially identified the foreign bodies as being within the stomach, so the patient was transferred to a different facility with gastroenterology capabilities. The patient initially declined retrieval but later changed his mind. At this point, the foreign bodies were in the colon; no intervention was pursued. Spontaneous passage of the foreign bodies occurred later in the day. With this case, we illustrate an example of when spontaneous passage can be a viable option when the foreign body ingested is a razor blade.

Keywords: Razor blade ingestion, Foreign body passage, Spontaneous expulsion, Depression, Peer challenge.

INTRODUCTION

Consumption of foreign objects is most commonly seen in individuals between the ages of 6 months and 6 years [1]. In adults, the populations at highest risk of foreign object consumption includes elderly individuals, incarcerated individuals, intoxicated individuals, and individuals affected by psychiatric conditions [2]. In many cases, the foreign object will pass spontaneously; however, some cases require endoscopic or surgical intervention [1]. With this case, we illustrate spontaneous passage of razor blades that were consumed as part of a challenge from peers.

CASE PRESENTATION

A 23-year-old male with history of depression presented to the emergency department within two hours of consuming two razor blades as part of a challenge from his peers. On presentation, his blood pressure was 165/101 mmHg, heart rate was 115 beats per minute, and his oxygen saturation was 98% on room air. His abdominal radiograph showed foreign bodies overlying the left upper quadrant, presumably within the stomach (Figure 1). He denied fever, chills, chest pain, shortness of breath, abdominal pain, nausea, vomiting, diarrhea, and constipation. He was transferred to a different facility for higher level of care. On presentation, his blood pressure was 165/104 mmHg, heart rate was 99 beats per minute, and his oxygen saturation was 98% on room air. A repeat abdominal radiograph demonstrated that the foreign bodies had progressed and projected over the mid abdomen (Figure 2). He continued to deny fever, chills, chest pain, shortness of breath, abdominal pain, nausea, vomiting, diarrhea, and constipation. He was evaluated by the gastroenterology team but declined endoscopic intervention. A few hours later, he wished to pursue endoscopic intervention. Computed tomography (CT) of the abdomen revealed that the foreign body was at the level of the hepatic flexure of the colon (Figure 3). The gastroenterology team re-evaluated the patient and determined that spontaneous passage of the foreign body was acceptable. Later that day, the patient reported having a bowel movement. A repeat abdominal radiograph revealed that the foreign bodies were no longer visible (Figure 4). This indicated that the patient spontaneously passed the foreign bodies without complications and without any interventions, in approximately 20 hours. He was observed overnight and discharged the following morning in a stable condition.

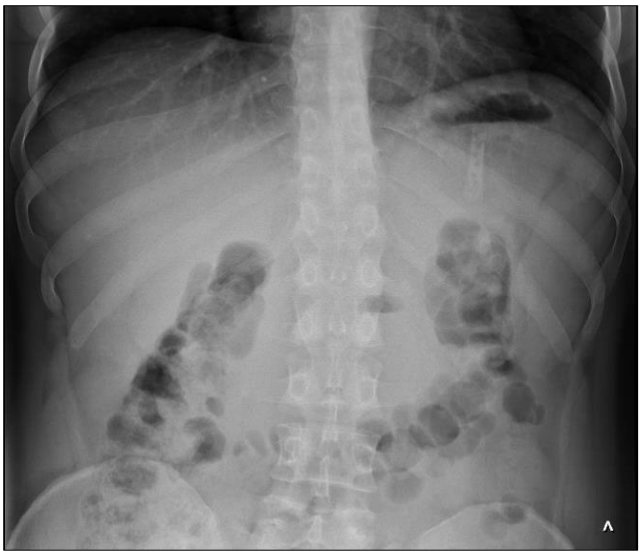

Figure 1: Initial Abdominal Radiograph

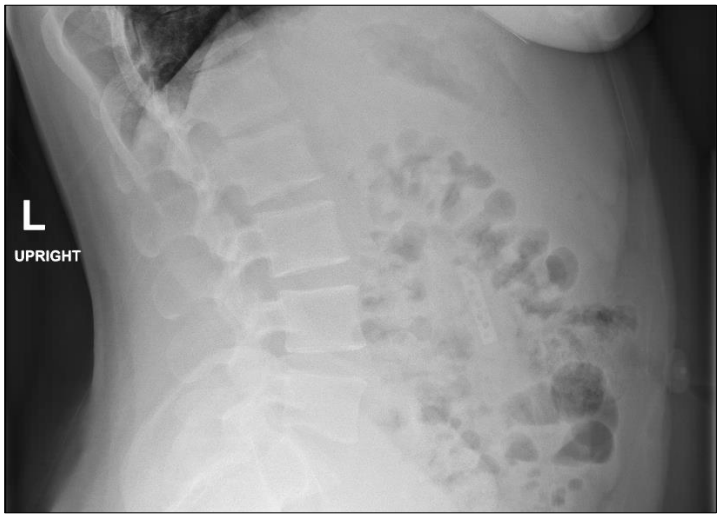

Figure 2: Second Abdominal Radiograph

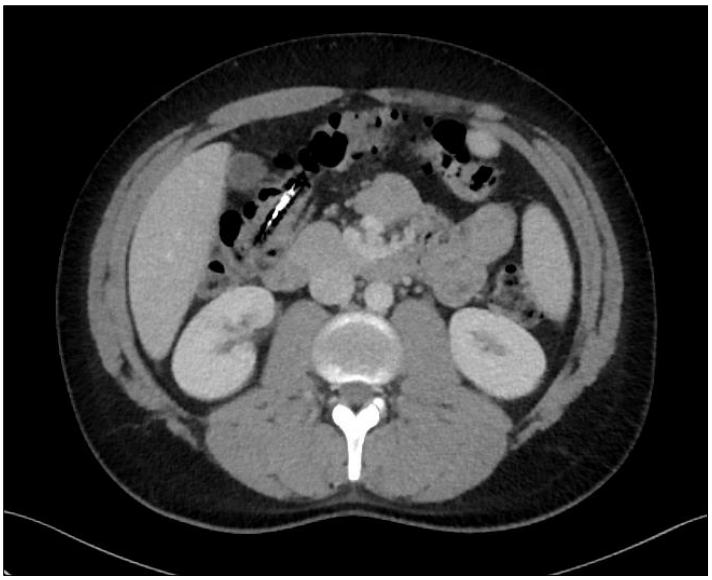

Figure 3: Computed Tomography of the Abdomen

Figure 4: Final Abdominal Radiograph

DISCUSSION

When foreign bodies are consumed, it is necessary to perform history taking and physical examination [3]. Radiographs can be obtained if the foreign body consumed is radiopaque [3]. Computed tomography may be necessary if perforation is suspected or if surgical intervention is being considered [3]. Observation alone may suffice if the object consumed is blunt, unless the object is a battery or magnet [3]. Esophagogastroduodenoscopy should be performed within 24 hours if the object consumed is "sharp-pointed" or if it is a magnet, battery, or of large size [3]. The use of protective devices can help protect against organ damage during extraction [3].

Consumption of sharp-pointed objects can be associated with complications [4]. If this type of object is stuck in the esophagus, it is considered a medical emergency and removal is warranted [4]. Many sharp-pointed foreign bodies will pass through the stomach without complications, but the risk of complications can be as high as 35% [4]. Given this risk, it is recommended to pursue endoscopic retrieval of the foreign body if retrieval is possible and safe to pursue [4]. Alternatively, passage of these types of foreign bodies can be monitored with daily radiographs [4]. If the foreign body does not move after three days, surgical intervention may be proposed [4].

CONCLUSION

Ingestion of foreign bodies is generally seen in individuals less than six years of age. Adults to ingest foreign objects are generally elderly, incarcerated, intoxicated, or affected by underlying psychiatric conditions. Many sharp-pointed objects will pass through the gastrointestinal tract spontaneously. However, endoscopic retrieval can be pursued if safe and feasible. Alternatively, movement of foreign bodies can be monitored with daily radiographs. Surgical intervention can be considered if the foreign body remains stagnant. Our case demonstrates that spontaneous passage of sharp-pointed foreign objects can be feasible in young patients without gastrointestinal comorbidities.

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