

Abdominal Pain Revealing a Surprise

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Abstract

Case Report

Background: Abdominal pain is a common complaint in surgical practice, often requiring thorough clinical and imaging evaluation. **Case Report:** We report the case of a 40-year-old male construction worker who presented with localized epigastric pain without associated digestive symptoms. Clinical examination was unremarkable aside from localized tenderness. Blood tests were normal. However, an abdominal CT scan revealed a metallic foreign body embedded in the anterior abdominal wall without peritoneal penetration. Upon further questioning, the patient recalled a minor workplace incident involving a hammer. The foreign object was successfully removed under local anesthesia using intraoperative fluoroscopic guidance. **Conclusion:** This case highlights an unusual and unexpected cause of abdominal pain, reminding clinicians to consider a wide range of etiologies, especially in patients with occupational exposure to trauma.

Keywords: Abdominal Pain, Foreign Body, Occupational Injury, Unexpected Diagnosis, Case Report.

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INTRODUCTION

Abdominal pain is one of the most frequent reasons for consultation in both emergency and outpatient settings. While the majority of cases are benign and related to gastrointestinal causes, unusual etiologies should always be considered, particularly when initial clinical and laboratory investigations are inconclusive [2, 3].

We present here a rare case of an abdominal wall foreign body discovered incidentally on imaging in a patient with nonspecific epigastric pain.

PATIENT AND OBSERVATION

A 40-year-old male construction worker, with no relevant past medical history, presented with localized epigastric pain of gradual onset. He denied vomiting, bowel habit changes, or systemic symptoms.

Physical examination revealed isolated tenderness in the epigastric region, with no signs of peritonitis. Vital signs were within normal limits.

Routine blood investigations, including complete blood count, renal function, and C-reactive protein, were within normal ranges.

An abdominal CT scan was performed and revealed a metallic foreign body embedded in the anterior abdominal wall in the epigastric region, without peritoneal breach or intra-abdominal involvement.



Figure 1: Axial section showing foreign metallic body



Figure 2: Sagittal section of foerign body

Following the radiological findings, a more detailed history was obtained. The patient recalled an incident several weeks earlier while working on a construction site, during which he felt something hit him in the abdomen while using a hammer. He did not seek medical attention at the time, considering the incident trivial.

Therapeutic Intervention

The patient was taken to the operating room. Under local anesthesia and radiographic fluoroscopic guidance, the metallic foreign body was accurately localized and extracted using forceps through a small incision.

The object was confirmed to be a small piece of metal, consistent with the occupational setting. No intra-abdominal involvement was noted during the procedure.

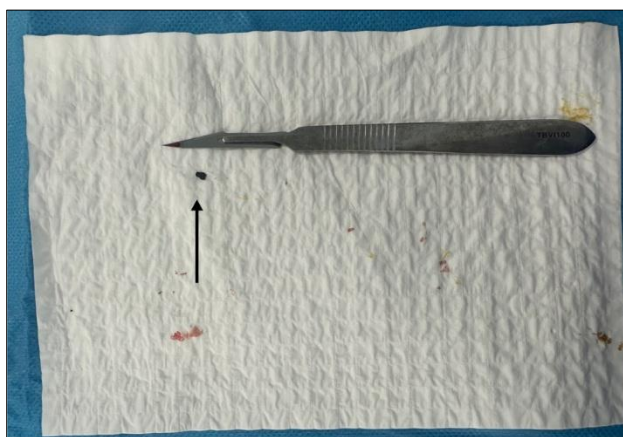


Figure 3: The extracted small metalic piece

Follow-up and Outcomes

Postoperative evolution was uneventful. The patient experienced immediate relief of symptoms and was discharged on the same day with simple analgesics and no need for further intervention.

DISCUSSION

Foreign bodies embedded in the abdominal wall without peritoneal penetration are extremely rare, particularly when the patient is unaware of their presence. Most reported cases involve either penetrating trauma or postoperative complications. In our case, the foreign body resulted from an occupational accident and remained unnoticed until the patient developed mild localized pain. This highlights the importance of detailed occupational history and the utility of imaging when clinical findings are non-specific [1-5].

This case is a reminder that clinicians must maintain a broad differential diagnosis in patients presenting with isolated abdominal pain, especially in individuals exposed to occupational hazards.

CONCLUSION

This case illustrates an uncommon but important cause of localized abdominal pain due to a retained foreign body in the abdominal wall. It emphasizes the value of imaging and patient history in identifying unexpected diagnoses. Prompt diagnosis and minimally invasive extraction led to excellent clinical outcomes.

Patient Consent: Written informed consent was obtained from the patient for publication of this case report and accompanying images.

Conflicts of Interest: The authors declare no conflicts of interest.

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