

**Case report**

Unusual incidental finding of radiopaque foreign bodies in the entire large colon

Archana Rajan*, Abhinav Sengupta, Aishwarya Rajan, akansha didwania

Lady Hardinge Medical College, New Delhi, India

Corresponding author: Archana Rajan, ✉ archanarajan29@gmail.com, **Orcid Id:** <https://orcid.org/0009-0004-7645-0718>

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ABSTRACT

We present the case of a 56-year-old female who presented with generalized abdominal discomfort and constipation for 5 days. An abdominal X-ray revealed multiple radiopaque foreign bodies distributed throughout the large colon. The patient denied involvement in any unusual or illegal activities and had no signs of obstruction, infection, or acute distress. Conservative management was initiated, with follow-up imaging planned, but the patient was lost to follow-up. Radiographic findings showed smooth, well-circumscribed foreign bodies measuring 2-3 cm, without a surrounding air-rim or “rosette-sign.” This case emphasizes the need for careful consideration of incidental findings, open communication with patients, and the importance of ethical, nonjudgmental care in addressing such cases.

Keywords: Scientometric, Brain Death, RGR, Time series analysis, highly cited paper, RCI.

INTRODUCTION

Foreign body ingestion is a common clinical scenario, but incidental findings on imaging can present unusual challenges. This case presents an unusual incidental finding of radiopaque foreign bodies throughout the entire large colon in a 56-year-old female patient who had no significant medical history or prior comorbidities ^[1].

CASE PRESENTATION

A 56-year-old female presented to the outpatient department with complaints of generalized abdominal discomfort and constipation that had been persisting for 5 days. The patient had no significant past medical history and was not on any regular medications. She denied any history of trauma, surgery, or involvement in unusual or illegal practices.

As part of the diagnostic evaluation, an abdominal X-ray was performed, which incidentally revealed multiple radiopaque foreign bodies distributed throughout the large colon. The radiographs (Panel A) showed smooth, well-circumscribed foreign bodies measuring approximately 2-3

cm in size, almost identical in shape, without the surrounding air-rim or halo from air within the packets (the “double-condom sign”). Importantly, there was no “rosette sign” of air trapped in the tied-off end, suggesting that the objects were not organic or indicative of intentional swallowing of unusual items.

Despite the radiographic findings, the patient reported no discomfort, signs of bowel obstruction, or any infection. After discussion with the patient, she denied any engagement in illegal practices, and there was no history suggestive of self-harm or ingestion of foreign objects intentionally. Given the patient's stable condition and lack of acute symptoms, a conservative management approach was decided, with a follow-up imaging plan to monitor the situation. However, the patient was lost to follow-up before further evaluation could take place.

LABELS

PANEL A

**DISCUSSION**

The presence of radiopaque foreign bodies in the colon is a rare but notable finding, particularly when discovered incidentally during imaging for other issues. In this case, the smooth, well-defined appearance of the foreign bodies, along with the absence of any signs of acute distress or obstruction, led to a conservative management approach. The radiographs did not demonstrate typical signs of organic foreign bodies, such as the "rosette sign" or an air-rim around the packets. This might suggest that the objects could be benign, potentially even intentionally ingested items, though no confirmation was made due to the patient's denial of unusual practices.

Foreign body ingestion is a well-documented phenomenon, typically involving children and mentally compromised adults. However, the management of foreign bodies in the adult population can vary based on the type, location, and clinical signs of the ingestion. As detailed by Kouritas and Vassiliu, the clinical presentation of foreign body ingestion can range from asymptomatic cases, like ours, to life-threatening bowel obstructions, requiring prompt intervention. In this case, the conservative approach was chosen as the patient had no signs of complications such as infection, perforation, or obstruction [2].

Radiological imaging, particularly abdominal X-rays, remains a crucial tool in diagnosing foreign body ingestion and assessing its potential complications. In this case, the radiopaque foreign bodies were clearly visible,

allowing for their identification and the subsequent decision to monitor the patient conservatively. The radiograph findings were consistent with non-acute foreign body ingestion, without the typical signs of trapped air or complications, as also noted by Greenstein and Lavy [3].

This case serves as a reminder of the complex intersection between human behavior, medical investigation, and ethical considerations. Foreign body ingestion can be purposeful, accidental, or even a result of psychiatric disorders, and understanding the underlying causes can guide treatment. Furthermore, in cases where patients deny involvement in certain activities, the role of healthcare providers becomes even more crucial in ensuring nonjudgmental, compassionate care. Open communication with patients is key in addressing sensitive issues while maintaining trust in the patient-provider relationship [4].

CONCLUSION

This case highlights the importance of careful evaluation of incidental findings and the need for ethical consideration in situations where the cause of a medical condition may be unclear. It also underscores the role of healthcare professionals in offering nonjudgmental care while navigating unique and sometimes challenging clinical scenarios. Although the patient was lost to follow-up, this case adds to the understanding of how unusual foreign body presentations can be managed conservatively when no immediate threat is present. As Nelson and Rice (4) point out, medical professionals must balance clinical findings with ethical considerations, ensuring patient care remains a priority despite ambiguous circumstances.

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