

## RARE CAUSE OF CHRONIC ABDOMINAL PAIN IN AN ELDERLY PATIENT

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### ABSTRACT

Abdominal pain is a common reason for emergency department visits, particularly in elderly patients, where diagnostic challenges and delayed presentation may increase morbidity and mortality. While common aetiologies include biliary, vascular, and gastrointestinal causes, foreign body ingestion remains a rare but important differential diagnosis, especially in edentulous or cognitively impaired elderly individuals. We report the case of a 75-year-old edentulous male with no prior comorbidities who presented with chronic right lower abdominal pain lasting three months. Imaging revealed a 4 cm linear, bone-density object in the terminal ileum. Colonoscopy confirmed a foreign body, later identified as a chicken bone, impacted approximately 10 cm proximal to the ileocecal valve with surrounding ulceration. Endoscopic retrieval was unsuccessful due to anatomical constraints. Surgical intervention via laparotomy and enterotomy resulted in successful removal of the bone, and the patient had an uneventful recovery. This case highlights the importance of considering foreign body ingestion in the differential diagnosis of abdominal pain, especially in elderly patients.

**Keywords:** Pain Abdomen, Foreign Body, Chicken Bone

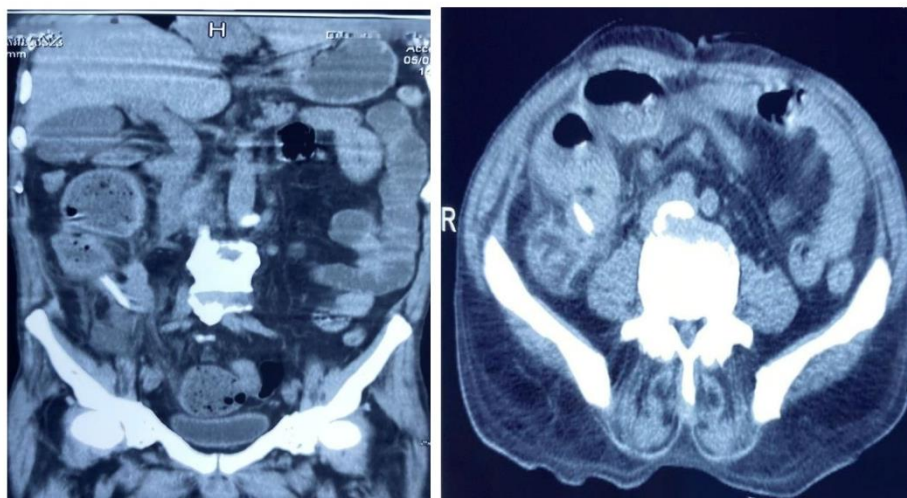
### INTRODUCTION

Foreign body ingestion is not an uncommon problem encountered in clinical practice and is seen more commonly in men than women (Chen *et al.*, 2010). In adults, it is often seen in individuals with psychiatric disorders, edentulous elderly patients, those under the influence of alcohol, and prisoners (Tambakis *et al.*, 2023). Chicken bone ingestion is a common incidence that may easily pass through the bowel without causing any further complications. Only less than 1% of chicken bone ingestion may cause bowel perforation and intestinal obstruction. Here, we present a case of chicken bone impaction in the terminal ileum causing abdominal pain in an elderly patient.

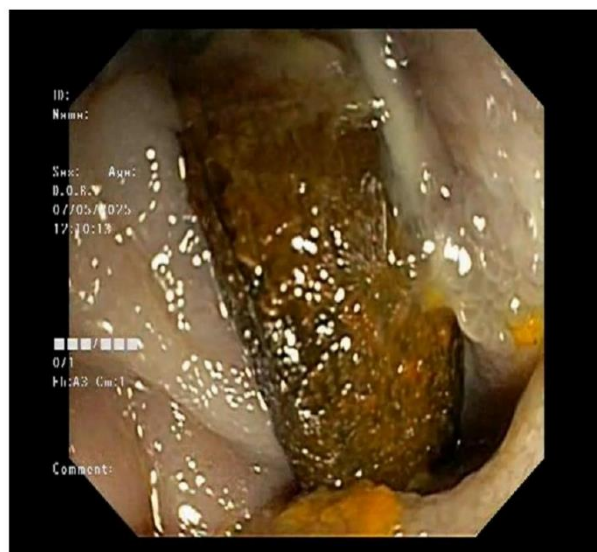
### CASE

A 75-year-old gentleman with no prior comorbidities presented with right lower abdominal pain for 3 months. There was no history of vomiting, abdominal distension, altered bowel habits, fever, dysuria, palpable abdominal lump, or weight loss. On examination, the patient was found to be edentulous, with abdominal tenderness noted in the right iliac fossa and umbilical region. A CECT abdomen revealed a 4 cm linear, bone-density structure in the terminal ileum likely a chicken bone with prominent proximal small bowel loops (Figure 1a & 1b). Retrospectively, the patient reported having eaten and swallowed chicken meat without chewing, accidentally ingesting a chicken bone approximately 3 months earlier. Colonoscopy confirmed a foreign body impacted in the terminal ileum, approximately 10 cm proximal to the ileocecal valve, with surrounding oedema and ulceration (Figure 2). We attempted to retrieve the foreign body using instruments such as rat-tooth forceps and polypectomy snare however, the retrieval was unsuccessful because the angulation of the small bowel and the position of the foreign body prevented proper opening of the instruments to grasp it. A surgical consultation was obtained, and the patient subsequently underwent laparotomy with enterotomy. A foreign body measuring 1 cm × 4 cm,

identified as a chicken bone, was successfully removed (Figure 3). The postoperative course was uneventful, and the patient was discharged in a pain-free condition on postoperative day 3.



**Figure 1a & 1b. NCCT images suggestive of linear hyper dense structure in the terminal ileum**



**Figure 2. Colonoscopy image showing impacted foreign body in the terminal ileum**



**Figure 3. Photograph of the chicken bone removed intraoperatively.**

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**DISCUSSION**

Abdominal pain is the leading reason for emergency department visits and ranks as the fourth most common complaint in elderly patients (Leuthauser and Mc vane, 2016). The clinical presentation of abdominal pain in older adults often differs from that in younger patients. Elderly individuals are more likely to present later in the disease process and with non-specific symptoms (Lyon and Clark, 2006). Mortality in elderly patients presenting with abdominal pain is also doubled, largely due to delays in initial diagnosis and the presence of associated comorbidities (Geloven *et al.*, 2000). Common causes of pain abdomen in elderly patients are cholecystitis, peptic ulcer, diverticulitis, intestinal obstruction, appendicitis, aortic aneurysms, mesenteric ischemia, acute pancreatitis etc. Foreign ingestion is a rare cause of pain abdomen in geriatric populations ((Lyon and Clark, 2006).

Foreign body ingestion is more common in the paediatric population and typically occurs accidentally. In adults, it is often seen in individuals with psychiatric disorders, edentulous elderly patients, those under the influence of alcohol, and prisoners. Among adults, the most frequently ingested foreign bodies are fish bones (9–45%), other bones (8–40%), and dentures (4–18%) (Ambe *et al.*, 2012). In our index patient, the cause of abdominal pain was an impacted chicken bone in the distal ileum. Only a few case reports in the literature have described ingested chicken bones leading to ileal obstruction and perforation (Panday *et al.*, 2024) (Nowotny and Aaland, 2021). This case highlights the importance of considering foreign body ingestion in the differential diagnosis of abdominal pain, especially in elderly patients.

**CONCLUSION**

Foreign body ingestion, although uncommon in the elderly, should consider in the differential diagnosis of the abdominal pain particularly in edentulous patients. Delayed presentation and non-specific symptoms often complicate timely diagnosis in this population. Early imaging plays a critical role in identifying the cause, and surgical intervention should be considered when endoscopic retrieval is not feasible. This case highlights the importance of maintaining a broad differential diagnosis in elderly patients presenting with abdominal pain to ensure prompt and effective treatment.

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