

FOREIGN BODIES: WHERE DID YOU COME FROM? EXPECTED AND UNEXPECTED FINDINGS IN THE ABDOMINAL CAVITY

Male patient sought the emergency room complaining of abdominal pain, of progressive intensity. Patient with history of complicated acute necrotizing pancreatitis with infected peripancreatic collections. The patient was evaluated by the gastric surgery team, who chose to perform an endoscopic for placement of a prosthesis between the peripancreatic collection and the stomach, aiming for drainage.

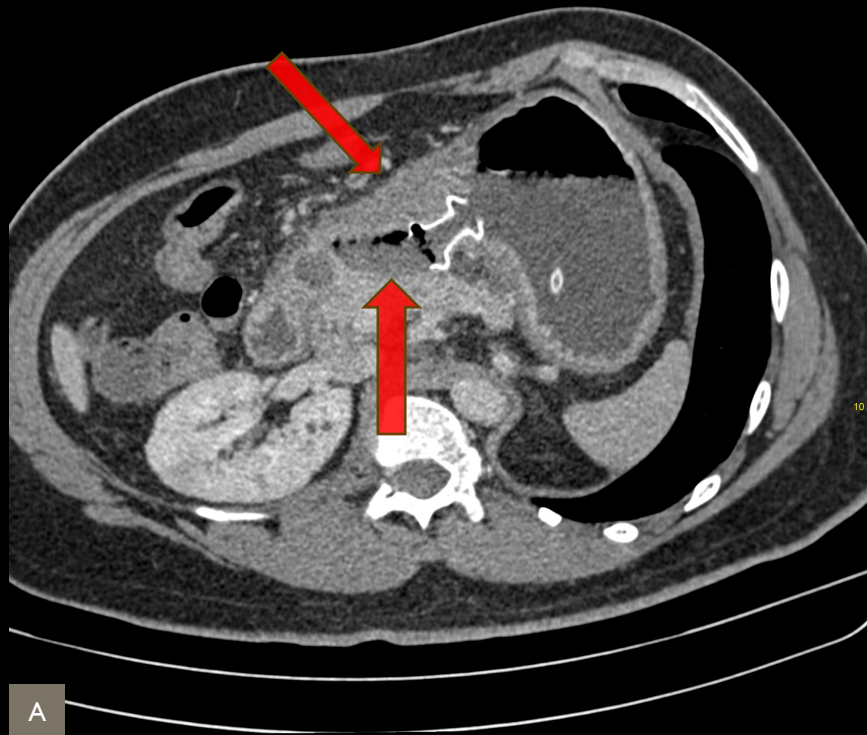


Fig. A: Computed tomography (CT) of the abdomen after the procedure, demonstrating hyperdense material located at the lesser curvature. In the region close to the lesser curvature of the stomach, a collection was observed (arrows)

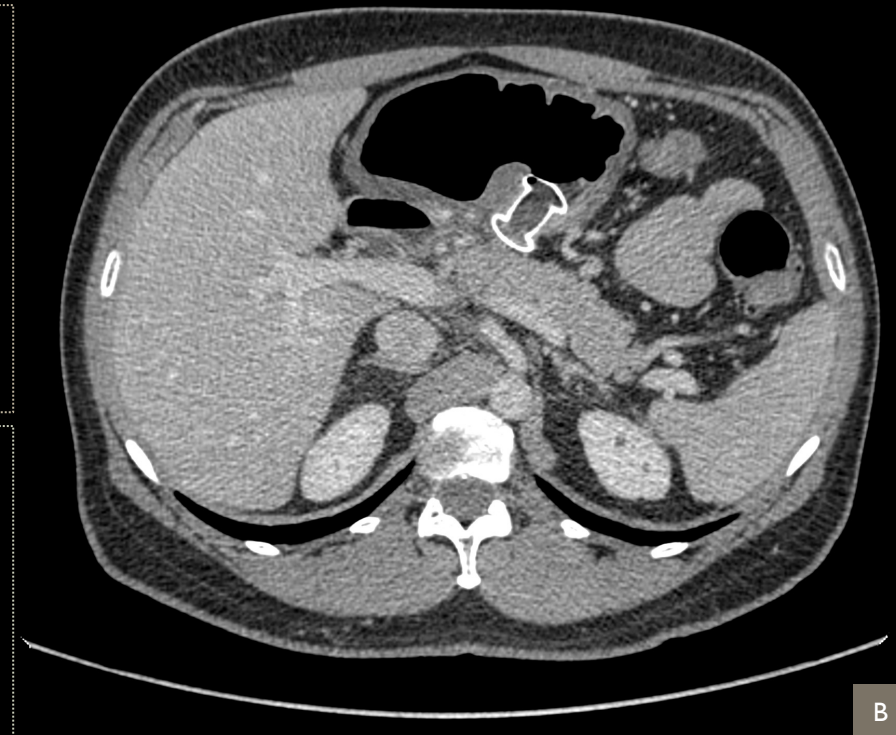


Fig. B: a new CT was performed a few days after the endoscopic procedure, which confirmed the correct positioning of the prosthesis and resolution of the collection

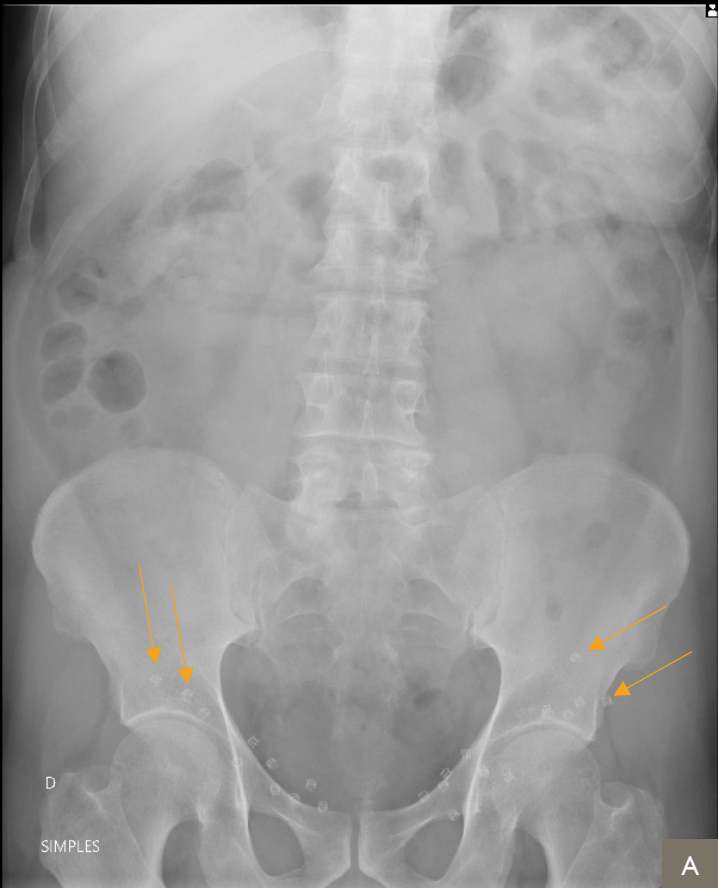
A

B

EXPECTED FINDINGS

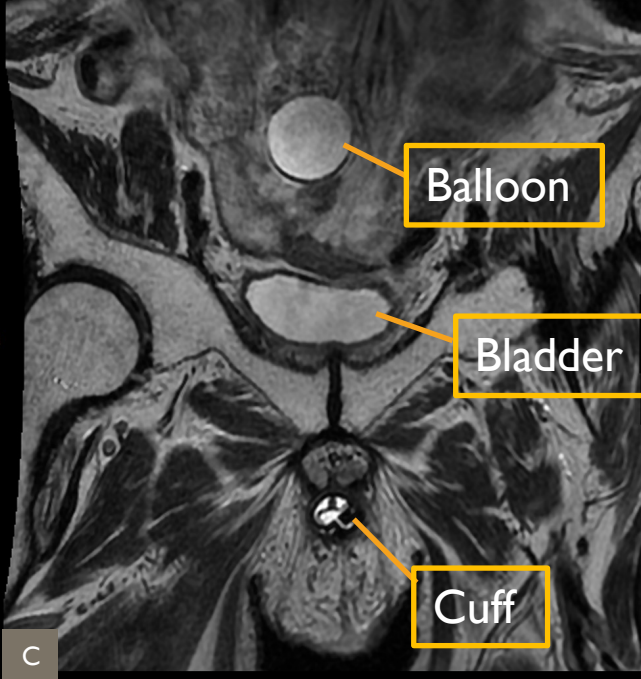
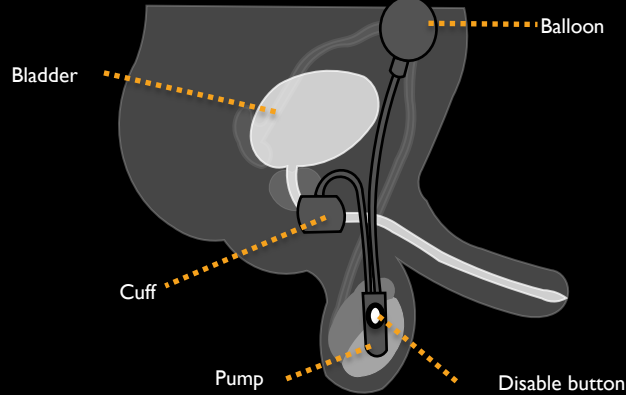
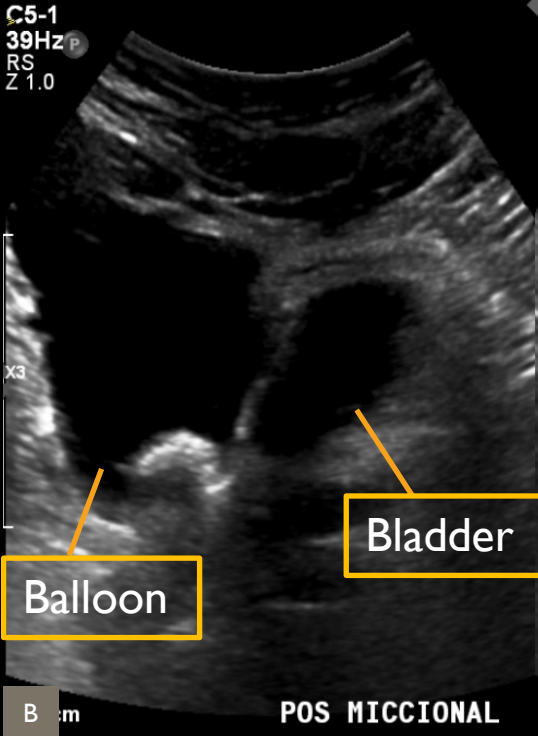
Hernia mesh

Fig. A: patient came to the service to undergo a contrast examination. On plain x-ray, we observed the presence of bilateral mesh for hernioplasty (arrows)



Urethral artificial sphincter

Figs. B-C abdominal ultrasound showing a hypoechoic image close to the bladder, with its own wall and that doesn't move, hyperechoic image inside. After questioning, the patient confirmed the presence of a urethral artificial sphincter

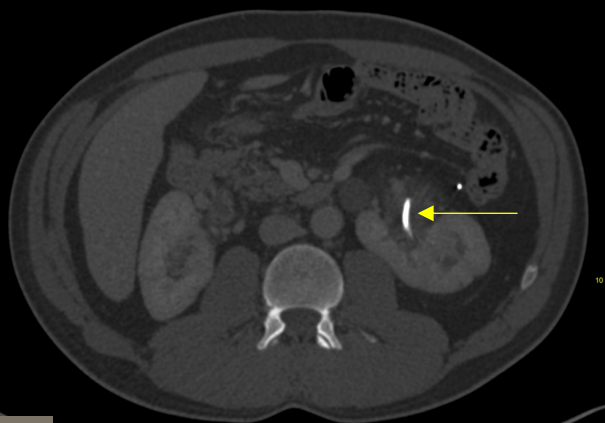


UNEXPECTED FINDINGS



Double J catheter

Fig. A: patient with a history of double J passage undergoes CT and as an additional finding, a remnant of the catheter is noted (arrow)



A

Bezoar

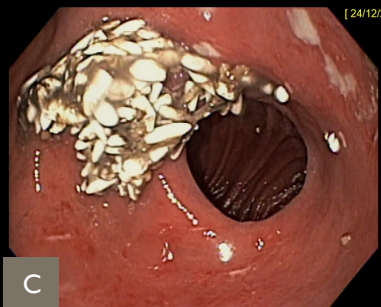


Patient reporting by-pass surgery with choking and vomiting sensation



B

Fig. B: CT with a radiodense oval formation impacted in the gastric enteric anastomosis, associated with distension of the gastric remnant and distal esophagus upstream, suggesting an obstructive / subocclusive process (bezoar)



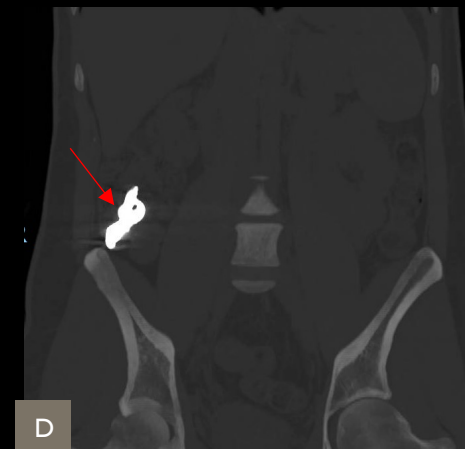
C

Fig. C: endoscopy was performed to remove the material (food remains)

Ingestion of a foreign body



Male patient with psychiatric disorders seeks the ER after swallowing his key in a situation of emotional stress (arrows)



D



E



Fig.A: 29-year-old female, presenting in Emergency service due to abdominal pain and history of IUD insertion. She was submitted to transvaginal ultrasound which did not identify the IUD, so she was later submitted to a CT scan (Figs.A-C)

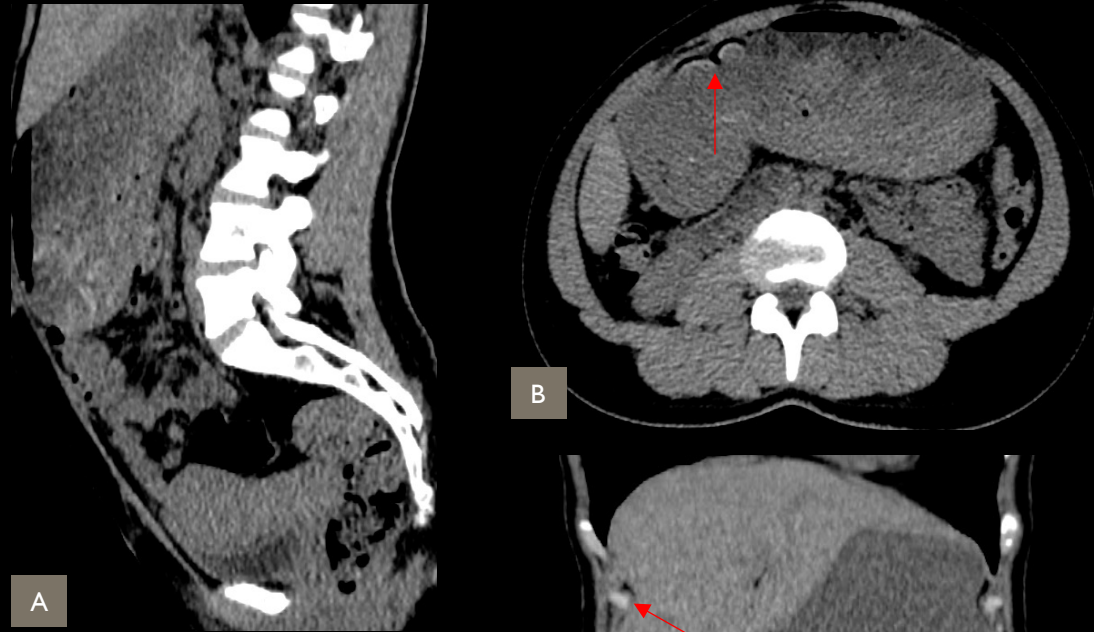
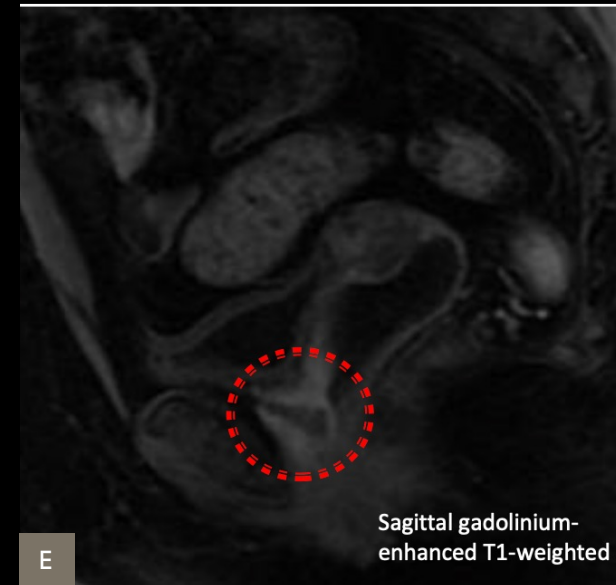
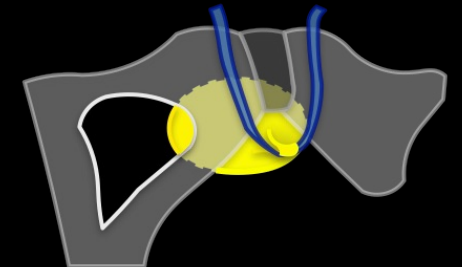


Fig.A: sagittal CT demonstrating gastric distension and empty uterus
Figs. B-C: axial (B) and coronal (C) CT images that demonstrates the IUD close to the stomach (arrows)

Postoperative of surgical repair due to pelvic floor dysfunction. Patient with dyspareunia and vaginal discharge



Figs. D-E: MRI showing area of discontinuity and ulceration in the right lateral vagina wall (arrow), associated with inflammatory findings near the paraurethral course of the right sling stem with thickening and accentuation of the enhancement of the surroundings (circle). Indicative of erosion / extrusion of implanted surgical material (retropubic sling)

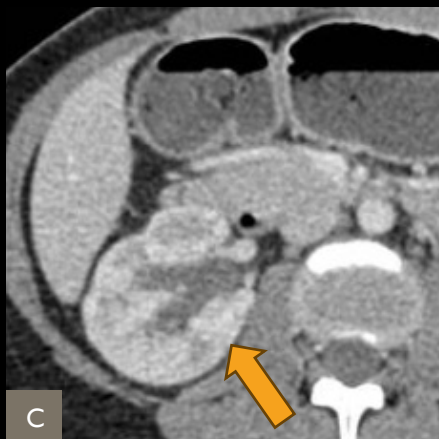
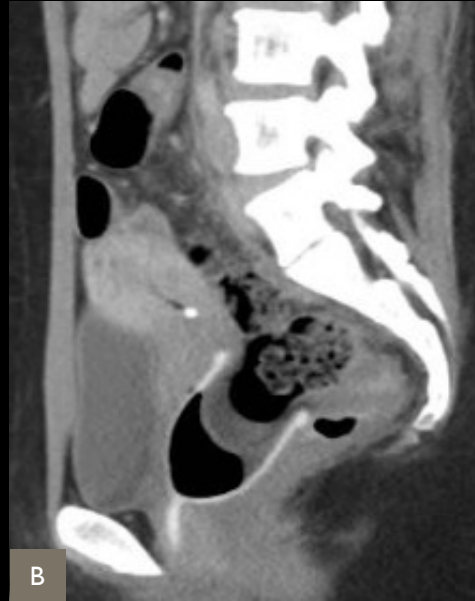


Be careful: don't push it hard

COMPLICATED FINDINGS

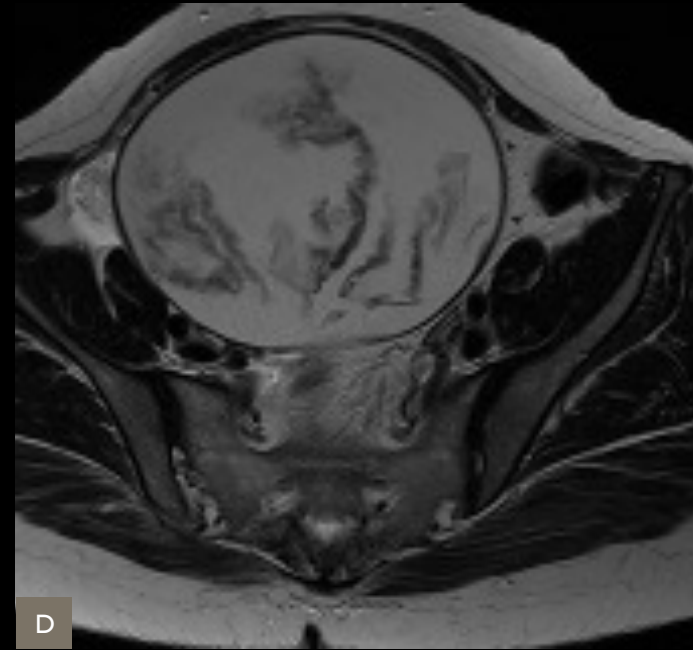
Don't miss the count!

26-years-old female with right lumbar pain that irradiates to the right iliac fossa, for about 3 hours, increased about 1 hour



Figs. A-C: CT with presence of an inadequate positioning of a menstrual cup, with its opening directed towards the posterior wall of the vagina. Associated, there is a moderate diffuse pyelocaliceal dilation on the right (arrows), with an apparent distal ureteral path trapped inside the menstrual cup.

43-year-old female with painless abdominal distention for past 5 years, after 2 months of an emergency C-section



Figs. D-E: MRI images that shows voluminous cystic pelvic formation containing serpiginous material floating, suggesting the possibility of a foreign body/surgical material.

Surgery description: capsule opening with suggestive material of compression inside the cyst (E)