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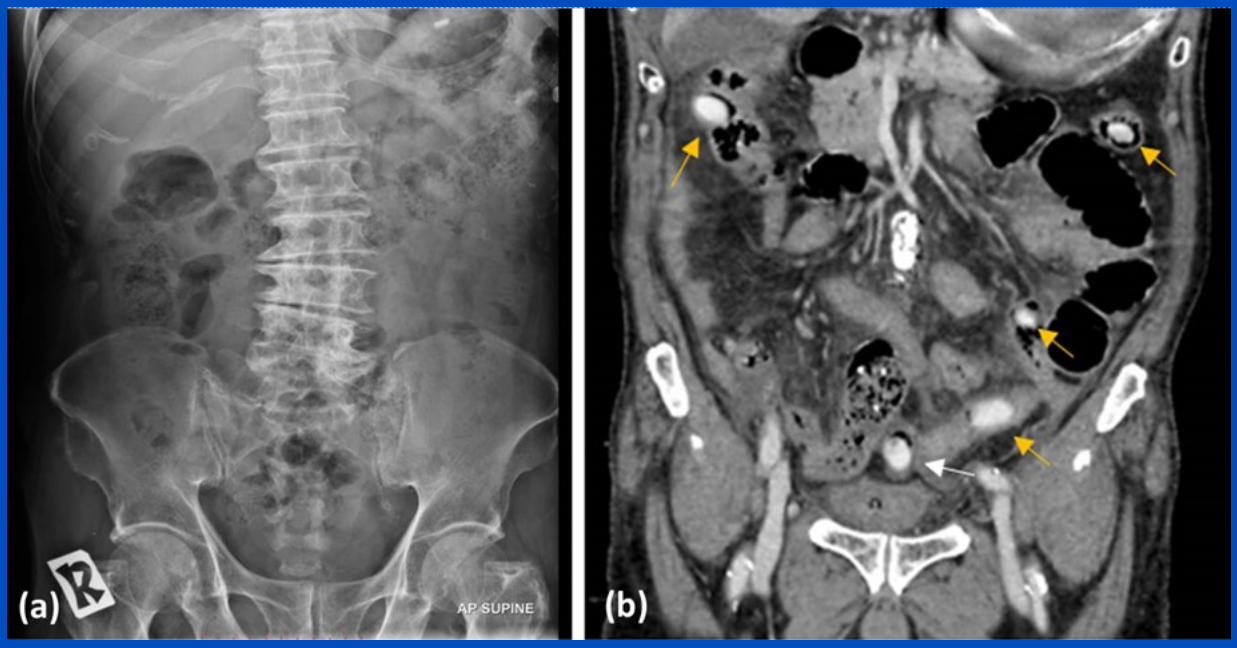

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The BIMJ publishes articles ranging from original research papers, review articles, medical practice papers, special reports, audits, case reports, images of interest, education and technical/innovation papers, editorials, commentaries and letters to the Editor. Topics of interest include all subjects that relate to clinical practice and research in all branches of medicine, basic and clinical including topics related to allied health care fields. The BIMJ welcomes manuscripts from contributors, but usually solicits reviews articles and special reports. Proposals for review papers can be sent to the Managing Editor directly. Please refer to the contact information of the Editorial Office.

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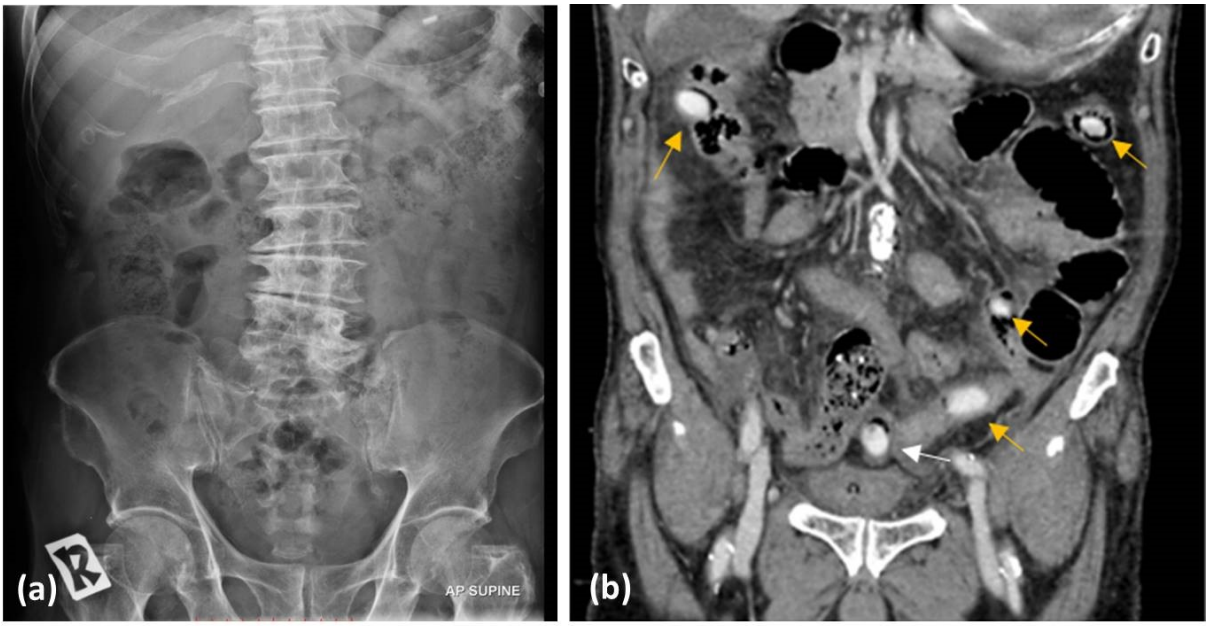

Figure 1

A partial edentulous 77-year-old Malay man was seen at the Accident and Emergency Department with generalized abdominal pain, loss of appetite but no vomiting. He reported absence of bowel movement for one day but was still passing flatus. He has been consuming a large quantity of sentul fruits in the days prior. Clinically, he appeared toxic with a heart rate of 110 beat per min, low grade fever, the abdomen was tender and guarded suggestive of peritonitis. The white blood cell count was 11.1 x 10^9/L with neutrophilia, and the C-reactive protein was elevated. An abdominal radiograph showed normal bowel gas distribution, with no bowel dilatation or pneumoperitoneum (Figure 1a). A CT scan of the abdomen showed multiple sharp oval-shaped hyperdense foreign bodies. (Figure 1b, yellow arrows).

What is the diagnosis?

***Answer**: refer to page 7*

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DISCLOSURE: There is no conflict of interest and consent has been obtained from patient for use of this image.

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(Refer to page 6)

ANSWER: LARGE BOWEL PERFORATION WITH GENERALISED PERITONITIS SECONDARY TO SENTOL SEEDS IMPACTION.

The patient underwent an emergency exploratory laparotomy with Hartman's procedure, limited right hemicolectomy, ileocolic anastomosis (anastomosis between the ileum and the remaining transverse and descending colon) and peritoneal lavage. Intraoperatively, there was gross peritoneal contamination with one litre of seropurulent peritoneal fluid. Ischaemic changes of the terminal ileum adjacent to the ileocecal valve were noted. There was a 1 x 2 cm perforation at the rectosigmoid junction with a Sentul seed seen adjacent to it (Figure 2a&b). Multiple intraluminal Sentul seeds were found within the small and large bowel until the rectum. The end of the descending colon was exteriorized as an end colostomy while the rectal stump was stapled. The patient was discharged well ten days following a hospital stay.

The ingestion of a foreign body is not uncommon. It is often seen among the paediatric population.[1] Ingestion of long, thin, sharp, and pointed foreign bodies are most likely to cause perforation while seeds are afflicted to medium risk of perforation.[2] Impaction and progressive erosion of the foreign body through the intestinal wall leads to perforation, and, in most cases, this site of perforation is covered by fibrin, omentum, or adjacent loops of bowel.[3] The sites of perforation by the foreign body almost always occur at the ileocecal and rectosigmoid due to narrow cavity and angled digestive tract.[4]

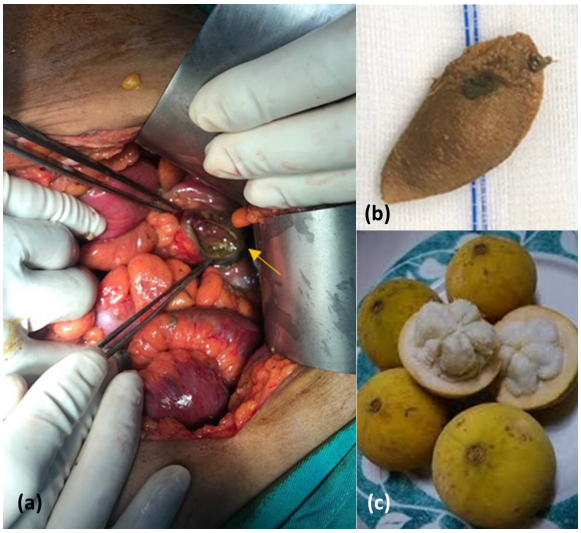

Figure 2: (a) Rectosigmoid perforation (yellow arrow), (b) the Sentul seed, (c) from the Sentul fruits, which caused the perforation. (Click on image to enlarge)

The Sentul is a tropical fruit native to maritime Southeast Asia (Figure 2c). It has a fusiform body with two sharp sides. According to Changsrisuk et al, mortality of 20 % was related to perforation caused by Sentul seed.[5]

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