Clinical Images

Mysterious Abdominal Pain

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Figure 1. Intra gastric mass with calcified borders found with abdominal computed tomography.

A 40-year-old man was admitted for intense abdominal pain resistant to proton pump inhibitors and standard analgesics. The periumbilical pain was recurrent over four years, and associated with early satiety. Previous abdominal ultrasound and laboratories were normal. On examination, palpation of the abdomen elicited mild epigastric tenderness. Pancreatic and hepatic enzyme tests were normal. Abdominal computed tomography showed an intragastric mass with calcified borders (Fig. 1, arrow). Esophagogastroduodenoscopy visualized a black foreign body in the antrum of the stomach (Fig. 2). Endoscopic removal revealed the foreign body to be an

Figure 2. Black foreign body in the antrum of the stomach.

apricot seed. After removal, the patient's symptoms completely resolved.

Generally, 80% of ingested foreign bodies will pass spontaneously through the intestinal tract. Objects longer than 6 cm or blunt objects greater than 2.5 cm in diameter are less likely to pass the pylorus.¹ Common complications include hemorrhage, perforation and obstruction. Removal of foreign objects should be attempted if the object remains in the esophagus, or is unlikely to pass spontaneously through the stomach and proximal duodenum.

Conflict of Interest: None disclosed.

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