

### BRIEF CLINICAL DETAILS

A 28-year-old woman who usually resides in a psychiatric center due to schizophrenia. Associate persistent intake of ingestion of objects for the pleasure that comes from the performance of tests and medical procedures.

She goes to the emergency room accompanied by caregivers who show while she has swallowed voluntarily according to some cutlery material (they suspect a knife or fork) starting an episode of severe abdominal pain approximately two hours ago

### DESCRIPTION OF THE RELEVANT ABNORMALITIES

After performing a simple abdominal x-ray, we found that the patient had an image of metallic density compatible with a knife at the upper abdominal level.

Nowadays it continues being one of the few utilities that continue maintaining this type of radiological studies.

### WHY THIS IMAGE IS CLINICALLY OR EDUCATIONALLY RELEVANT?

The foreign bodies that reach the stomach, 80-90% progress spontaneously, 10-20% require non-surgical intervention and  $\leq 1\%$ , surgery. Thus, most intragastric foreign bodies can be ignored. In contrast, objects larger than 5 x 2 cm rarely leave the stomach.

Sharp objects should be recovered in the stomach, because 15 to 35% will cause intestinal perforation, but small rounded objects ( coins and button batteries) can simply be controlled. Patients with symptoms of obstruction or perforation require laparotomy.

