



Case Report

Unusual Case of Spoon Ingestion Triggered by a Fellow Female Patient from the Department of Psychiatry

Christian Hohenstein^{1*}, Katharina Ehrhardt²

¹Department of Emergency Medicine, Zentralklinik Bad Berka, Germany

²Department of Emergency Medicine University Hospital Jena Germany

*Corresponding author: Christian Hohenstein, Department of Emergency Medicine, Zentralklinik Bad Berka, Germany.

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Abstract

Foreign body ingestion is a common occurrence, especially in children, but ingestion of a spoon is a rare phenomenon. We present a unique case of spoon ingestion in two female patients from the Department of Psychiatry who presented to the emergency department. The second patient, diagnosed with schizophrenia, reported observing the behavior of the first patient on the same ward, leading to her own ingestion of a spoon two days later. Both patients underwent gastroscopy in the emergency department, and both spoons were successfully removed without any complications. This case report highlights the potential influence of observed behavior in psychiatric patients and emphasizes the importance of prompt intervention and appropriate management in cases of foreign body ingestion.

Keywords: Schizophrenia; Psychiatric Disorder; Appropriate Management; Foreign Body Ingestion; Behavior

Introduction

Foreign body ingestion is a common occurrence, often seen in children, but also in adults, usually accidental. Ingestion of a spoon is a rare phenomenon. It has been described as an accidental ingestion [1-3], but not as an intended act due to a psychiatric disorder. The size and form usually prevent spoons from being swallowed, and if attempted, they usually get stuck in the esophagus due to three anatomical physiologic stenosis areas [1]. Passage to the jejunum or further in the gastrointestinal tract is possible but extremely unlikely, and spontaneous excretion is not described in the literature [4, 5]. Endoscopic removal is the therapy of choice, although surgical removal may be necessary under certain circumstances [5, 6]. We report two cases of spoon ingestion in two female patients from the Department of Psychiatry, highlighting the importance of early active intervention and appropriate management, as well as preventive action.

Case Description

Patient 1, a 33-year-old female, presented to the emergency department after ingesting a spoon. She had a diagnosis of bipolar disorder, and the ingestion of the spoon occurred without any explainable reason or witness. The patient complained of mild abdominal pain and expressed a desire to have the spoon removed from her stomach. Vital signs were normal, and the abdomen was soft and mildly tender. An x-ray confirmed the diagnosis.

Immediate endoscopy was performed in the emergency department, which proved to be an extremely difficult and frustrating attempt at removal, resulting in several small iatrogenic bleedings in the stomach. After spending an additional day in the Department of Psychiatry, another endoscopic removal attempt was successfully carried out by a highly experienced operator without any complications.

Three days later, a 26-year-old female patient from the same psychiatric ward, who was also diagnosed with a bipolar disorder, was admitted to the emergency department exhibiting similar

behavior. Intrigued by her fellow patient, she also decided to ingest a spoon and presented with mild abdominal pain. She swallowed two spoon handles after breaking off the spoon bowls (Figure 1).



Figure 1: Spoon ingestion in the stomach.

Due to a full stomach, a gastroscopy was not immediately performed and was postponed until the following day. The subsequent endoscopic removal procedure was successful and free of complications.

In the following weeks, the second patient presented to the emergency department multiple times after ingesting spoons, resulting in the same emergency procedure for removal. Each procedure was performed within two days of ingestion and without any complications.

Discussion

The ingestion of foreign bodies, such as spoons, is extremely uncommon, even among psychiatric patients. Self-inflicted injuries are well-documented in psychiatric patients, with swallowing glass pieces or razor blades being relatively frequent reasons for presentation to the emergency department in this patient cohort. However, ingesting spoons is exceedingly rare, although a few cases have been reported, typically unrelated to psychiatric diseases [1-9].

Our report highlights two unique aspects

Firstly, the second patient ingested the spoon after witnessing the behavior of the fellow patient. This raises questions about the potential impact of observed actions on vulnerable individuals and underscores the importance of creating a safe and monitored environment for psychiatric patients to minimize the risk of such incidents.

Secondly, the repeatedly self-inflicted injury by ingesting spoons over a period of several weeks has not been described before. Repeated self-inflicted cutting is known and common under certain conditions, but repeated swallowing of spoons has not been described so far.

Apart from the psychiatric aspect of this case, prompt intervention and appropriate management are crucial for emergency departments in cases of foreign body ingestion. In this instance, both patients underwent gastroscopy to retrieve the ingested spoons. Although the procedures were postponed due to a full stomach in one case and difficult removal in the other case, they were successfully performed the following day, resulting in the removal of the foreign bodies without complications. An excretion via natural way is extremely unlikely and therefore waiting is not an option, given the risk of perforation due to mechanical irritation of the GI-tract or ileus.

Conclusion

This case report highlights the challenges posed by psychiatric conditions in a clinical setting. Increased awareness and further research are needed to better understand the factors contributing to foreign body ingestion in psychiatric settings and develop preventive strategies.

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