Game Piece Ingestion in a Geriatric Subject

Yaşlı Bir Kişide Oyun Taşı Yutumu

Serkan Dogan¹, Mehmet Celikbilek², Sebnem Gursoy¹, Kadri Guven¹

¹Department of Gastroenterology and Hepatology, Erciyes University, Medical School, Kayseri, Turkey
²Department of Gastroenterology and Hepatology, Bozok University, Medical School, Yozgat, Turkey

ABSTRACT

Foreign body ingestion in adults is often seen in the elderly population because of some underlying diseases. Dementia and many comorbidities (such as alcohol consumption, use of sedative and hypnotic drugs, convulsion, intoxication, mental retardation, dental prosthetic interventions, and primary neurological diseases) are factors that lead to foreign body ingestion. Although foreign body ingestion is common, game piece swallowing is rare.

Key Words: Foreign body ingestion, game piece ingestion, geriatric population

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INTRODUCTION

Foreign body ingestion can be seen in all age groups; however, in adults, it is often seen in the geriatric population because of underlying diseases. Alcohol consumption, use of sedative and hypnotic drugs, dementia, convulsion, intoxication, mental retardation, dental prosthetic interventions, and primary neurological diseases are factors that lead to foreign body ingestion (1).

CASE REPORT

An 87-year-old man from a nursing home was referred to the emergency room of our hospital because of fever and confusion. He had a history of advanced dementia. On examination, the patient was lethargic, not oriented to person, place, or time, and not able to follow simple commands. Stage IV pressure ulcers were observed upon examination of the sacral area. A broad-spectrum antibiotic was administered.
He was transferred to the infection department of our hospital. The patient continued to be intermittently subfebrile and agitated, and his mental status did not improve. He was screened for nutritional status. Placement of a percutaneous endoscopic gastrostomy (PEG) tube was decided. Endoscopic examination revealed a 3 cm long, 2 cm wide, and 0.5 cm thick okey stone—a game piece—in the gastric lumen (Figure 1). Attempts at retrieval were made using both a gastric overtube and a snare. The okey stone was grasped but could not be extracted due to the size of the piece. A PEG tube was inserted while the foreign body was still in the stomach. The patient died during follow up due to other medical comorbidities.

![Figure 1. Endoscopic examination revealed a 3 cm long, 2 cm wide, and 0.5 cm thick okey stone—a game piece—in the gastric lumen.](image)

**DISCUSSION**

The types of ingested objects vary according to age. Most ingested foreign bodies in children are coins, toys, magnets, and batteries (1). In contrast, most foreign body ingestion in adults is food impaction (2). Swallowing of nonfood objects is often seen in the elderly population because of some underlying diseases (3). Alcohol consumption, psychiatric illness, use of sedative and hypnotic drugs, senility, mental retardation, dementia, and primary neurological diseases are factors that lead to foreign body ingestion (4).

Dementia is present in 67 to 78% of nursing home residents, as was the case in our patient (5). Most ingested foreign bodies (80%-90%) pass spontaneously through the GI tract without causing harm. However, a percentage of foreign bodies (10%-20%) require an endoscopic intervention, whereas less than 1% require surgery (6). GI perforation remains a major potential complication, caused by sharp and poisonous foreign bodies. Foreign bodies are classified correctly on the basis of shape and whether or not it contains poison. This is important for timing therapy. Flexible endoscopy is the diagnostic, preferable, and safe therapeutic method. Endoscopic retrieval devices include grasping forceps, polypectomy snare, dormier-type stone retrieval baskets, retrieval snare net, transparent cap-fitting devices, and overtubes (7).

Many people in the United States die annually from foreign bodies in the upper-gastrointestinal (GI) tract (8). It would be reasonable to remove any game piece or similar items that could be accidentally ingested from nursing homes that have subjects at high risk similar to our patient.

**Conflict of Interest**

No conflict of interest was declared by the authors.

**REFERENCES**