

SCREW IN THE CECAL APPENDIX

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A 71-year-old man with recently diagnosed prostate cancer underwent an abdominal CT scan for staging, which incidentally revealed a screw lodged in the cecal appendix (Fig. 1). The patient did not recall any accidental ingestion. A planned appendectomy was performed to extract the foreign object (Fig. 2). Foreign body ingestion is more common in pediatric populations and less frequent in adults. Of ingested objects, 70%-80% are eliminated spontaneously, 10% require endoscopic removal, and less than 1% require surgery. The most common locations are the stomach (60%), esophagus (20%),

bowels (10%), and oropharynx (5%-10%). High-risk objects include sharp items, magnets, and button batteries, which can cause complications such as perforation, intestinal obstruction, or bleeding, particularly in areas of narrowing or angulation, such as the ileocecal region and rectosigmoid junction. Conservative management is preferred for blunt objects, while sharp or hazardous items often require removal. Endoscopic retrieval is ideal when feasible, though management of screws varies, ranging from conservative approaches to endoscopic or surgical removal.

Figure 1 |



Figure 2 |

