THE INJECTOR

DOI: 10.5281/zenodo.23436958
The Injector 2026;5(2):97-99

Letter to the Editor

Prolonged ileocecal retention of metallic foreign bodies: a clinical observation

Orhan Aslan

Hitit University Faculty of Medicine, Department of General Surgery, Çorum, Turkey

Dear Editor,

Most ingested foreign bodies that successfully traverse the stomach pass spontaneously through the gastrointestinal tract without requiring intervention. Accordingly, conservative management with serial clinical and radiographic follow-up remains the standard approach for blunt, non-toxic foreign bodies beyond the pylorus. Although most ingested foreign bodies pass spontaneously, approximately 10% to 20% require endoscopic retrieval and fewer than 1% ultimately require surgical management. Furthermore, major clinical guidelines primarily address upper gastrointestinal foreign bodies, providing limited guidance regarding the management of retained objects in the lower gastrointestinal tract (1,2).

During the management of three adult patients with ingested metallic foreign bodies, we observed a recurring clinical pattern that prompted further review of the available literature. The patients had ingested three markedly different objects: a metallic screw, a handgun bullet, and an iron nail. Despite substantial differences in size and morphology, all three foreign bodies exhibited an almost identical transit pattern. Each progressed rapidly through the upper gastrointestinal tract into the right lower quadrant, where they became persistently stationary. In two patients (ingested bullet and iron nail), daily abdominal radiographs showed complete stagnation within the right lower quadrant over three consecutive days. Colonoscopy confirmed their retention at the cecal floor, and both objects were successfully retrieved using a polypectomy snare without complications. In the third patient (ingested screw), who developed right lower quadrant pain and tenderness after the screw remained stationary, colonoscopy failed to visualize the object due to focal fecal debris; subsequent appendectomy revealed the screw impacted at the appendiceal orifice, resulting in acute appendicitis.

Address for correspondence: Orhan Aslan, Hitit University Faculty of Medicine, 19100, Çorum, Turkey.
Phone: +90 364 219 30 00 **E-mail:** drorhanaslan@gmail.com **ORCID:** 0000-0002-1982-0792
Received: 18 July 2026 **Revised:** 10 August 2026 **Accepted:** 21 August **Published:** 30 August 2026
OPEN ACCESS This is an open access article under the CC BY-NC license (http://creativecommons.org/licenses/by-nc/4.0/).

The remarkable similarity among these cases led us to examine whether analogous observations had been reported previously. Although most reports describe isolated events, a recurring anatomical pattern becomes evident when reviewed collectively. We hypothesize that high-density metallic objects, once past the ileocecal valve, may encounter a biomechanical environment favoring retention, potentially due to the capacious cecal lumen and gravitational settling related to their high specific gravity. Current management algorithms primarily emphasize object size and shape as predictors of impaired transit. However, our observations suggest that specific gravity may represent an additional, underrecognized determinant of lower gastrointestinal retention. Even when dimensional characteristics are compatible with spontaneous passage, high-density metallic objects may preferentially accumulate within the cecum because of gravitational settling. In such cases, haustral contractions and colonic motility may be insufficient to remobilize the object from the dependent cecal recess, thereby impairing its continued distal progression. Although rapid spontaneous passage within 29 to 49 hours has been reported (3,4), prolonged ileocecal retention can occur and may result in a spectrum of complications, including appendiceal impaction with subsequent acute appendicitis (5) and chronic inflammatory granuloma formation (6). Given these potential adverse outcomes, endoscopic retrieval should be considered when spontaneous progression is not observed. Endoscopic retrieval using snares or retrieval nets may represent an effective therapeutic option for selected gastrointestinal foreign bodies (7).

In conclusion, these observations raise the possibility that high-density metallic foreign bodies may be prone to prolonged ileocecal retention. Although current guidelines provide limited guidance regarding retained foreign bodies in the lower gastrointestinal tract, persistent localization within the cecum on serial imaging should raise concern for mechanical retention and prompt consideration of colonoscopic retrieval. Early endoscopic intervention in selected clinically stable patients may help prevent delayed inflammatory complications and reduce the need for emergency surgical management.

Keywords: Cecum, colon, foreign bodies, gastrointestinal tract, metals.

Conflicts of interest: The authors declare no conflicts of interest.

Financial disclosure: None.

Peer review: Externally peer-reviewed.

Authorship contributions: Concept, design, funding, materials, data collection and/or processing, analysis and/or interpretation, literature search, writing, supervision, literature search and critical review: O.A.

References

1. Birk M, Bauerfeind P, Deprez PH, Häfner M, Hartmann D, Hassan C, et al. Removal of foreign bodies in the upper gastrointestinal tract in adults: European Society of Gastrointestinal Endoscopy (ESGE) Clinical Guideline. Endoscopy. 2016;48:489-96.
2. Ikenberry SO, Jue TL, Anderson MA, Appalaneni V, Banerjee S, Ben-Menachem T, et al. Management of ingested foreign bodies and food impactions. Gastrointest Endosc. 2011;73:1085-91.
3. Bezabih YS, Getu ME. Spontaneous passage of accidentally ingested metallic nail in an adult: A case report. Int J Surg Case Rep. 2022;92:106865.
4. Iyow SN, Ahmed AA, Mohamed AN, Jama SMA, Adan HAA. Spontaneous passage of an accidentally ingested metallic bullet casing in an adolescent: a case report. Int J Emerg Med. 2025;18:229.
5. Mohammed AA, Ghazi DY, Arif SH. Ingested metallic foreign body impacted in the vermiform appendix presenting as acute appendicitis: Case report. Int J Surg Case Rep. 2019;57:201-4.
6. El Montacer K, Haddad F, El Mansouri S, Tahiri M, Hliwa W, Bellabah A, et al. An ileo-caecal foreign body mimicking a Crohn disease: case report. Pan Afr Med J. 2018;31:236.
7. Shahid Y. Modern endoscopist's toolbox: innovations in foreign body removal. World J Gastrointest Endosc. 2025;17:106099.