

Literaturverzeichnis zur Blickdiagnose „Thorakale Schmerzen“ von Dr. Nina Zitzler, Professor Dr. Michael Pfeifer, Dr. Stefan Blaas und Dr. Arno Mohr Bayerisches Ärzteblatt 7-8/2020, Seite 317

[Int J Clin Pract.](#) 2006 Feb;60(2):234-7.

Press through package mis-swallowing.

[Hou SK¹](#), [Chern CH](#), [How CK](#), [Wang LM](#), [Huang CJ](#), [Lee CH](#).

[+](#) **Author information**

Abstract

A press through package (PTP) is commonly used as a package for drugs and also being seen increasingly in cases of foreign body in the digestive tract. We presented three cases of inadvertent PTP ingestion with a variety of clinical presentations. Although commonly considered to be small and soft to cause bowel damage, a PTP tends to be caught and poses potential risk for perforation of the bowel because of its sharp edges. The PTP material is thought to be difficult to detect on plain abdominal roentgenography due to its radiolucency. However, air trapped in the PTP makes the drug tablet possibly visible on the radiograph. All of the three cases were diagnosed with correct interpretation of these special radiographic findings, even without the recall of accidental swallowing of the tablet. A PTP in the oesophagus and stomach should be tried to be removed, while computerised tomography and early laparotomy should be considered when it passes through the pyloric ring and the patient develops symptoms. An effort to prevent the PTP swallowing should be an essential part in our everyday practice, especially for the elderly patients.

PMID: 16451300 DOI: [10.1111/j.1742-1241.2006.00766.x](#)

[Gastrointest Endosc.](#) 2002 Jun;55(7):802-6.

Guideline for the management of ingested foreign bodies.

[Eisen GM](#), [Baron TH](#), [Dominitz JA](#), [Faigel DO](#), [Goldstein JL](#), [Johanson JF](#), [Mallery JS](#), [Raddawi HM](#), [Vargo JJ 2nd](#), [Waring JP](#), [Fanelli RD](#), [Wheeler-Harborough J](#); American Society for Gastrointestinal Endoscopy.

Abstract

This is one of a series of statements discussing the utilization of gastrointestinal endoscopy in common clinical situations. The Standards of Practice Committee of the American Society for Gastrointestinal Endoscopy prepared this text. In preparing this guideline, a MEDLINE literature search was performed, and additional references were obtained from the bibliographies of the identified articles and from recommendations of expert consultants. When little or no data exist from well-designed prospective trials, emphasis is given to results from large series and reports from recognized experts. Guidelines for appropriate utilization of endoscopy are based on a critical review of the available data and expert consensus. Further controlled clinical studies are needed to clarify aspects of this statement, and revision may be necessary as new data appear. Clinical consideration may justify a course of action at variance to these recommendations.

PMID: 12024131 DOI: [10.1016/s0016-5107\(02\)70407-0](#)

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[BMJ Case Rep.](#) 2018 Jul 11;2018. pii: [bcr-2017-222746](#). doi: [10.1136/bcr-2017-222746](#).

Multiple intestinal perforations due to blister pill pack ingestion.

[Simo Alari F¹](#), [Gutierrez J¹](#).

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Abstract

A 72-year-old woman with morbid obesity and history of psychosis attended the emergency room due to abdominal pain. CT scan revealed a mesenteric infiltration surrounding a thickened wall bowel agglomeration; inside, a dense 2 cm foreign body with no pneumoperitoneum or peritoneal effusion. Surgery revealed four contained bowel perforations due to a blister pill pack inside the ileum; consequently, a 30 cm bowel resection was performed. Ingestion was restarted on day 2, a superficial wound infection was evacuated on day 4 and the patient was discharged 6 days after surgery. Foreign body ingestion is relatively common in paediatric patients. Adult cases are usually related to vision problems, intellectual disability and psychiatric or cognitive disorders. Mostly, no consequences are reported, but some cases (<1%) can lead to complications such as perforations or gastrointestinal (GI) bleeding. Endoscopic extraction may be considered when placed in the upper GI tract, but surgery remains imperative if perforation is established.

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KEYWORDS: Gastrointestinal Surgery; Surgery

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