

## Right-lower quadrant abdominal pain in Emergency

### Department

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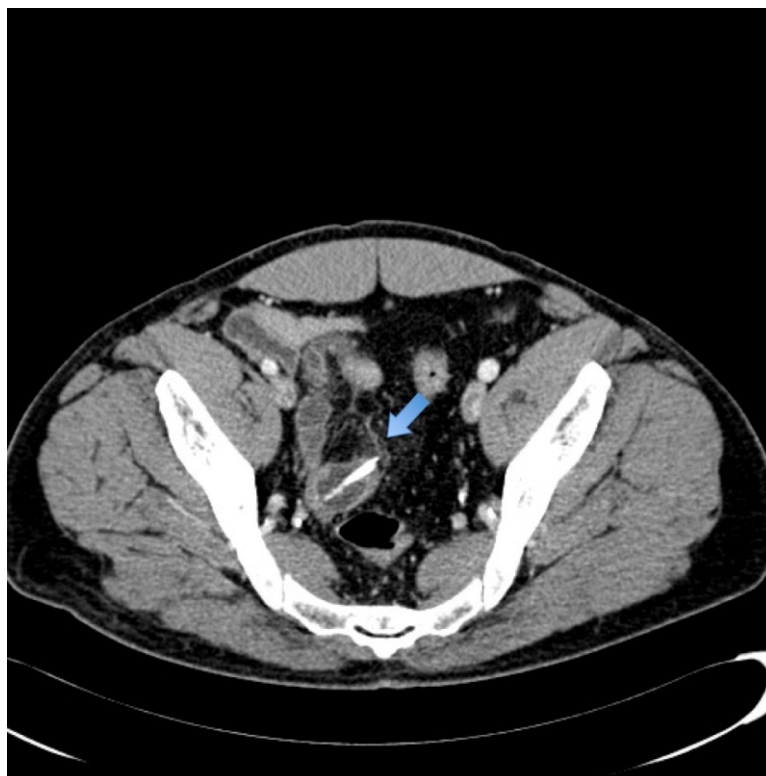
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### Description

A 50-year-old man, with past history of hypertension and ischemic heart disease, presented to the Emergency Department (ED) with sudden right-lower quadrant abdominal pain and nausea, which began 24 hours before. He had a blood pressure of 108/68 mmHg, heart rate 105 bpm, and axillary temperature 38.3 °C. Physical exam showed rebound tenderness on McBurney point. Laboratory workup was only remarkable for WBC 16.900/ $\mu$ L [3.700-11.600], CRP 75.3mg/dL [0.0-3.0]. Abdominal CT (Panel A) after normal ultrasound showed a linear image in the edematous terminal ileum (Blue arrow), with surrounding fat inflammation. He was taken to the operating room with the finding of ileum perforation and peritonitis due to chicken bone. He was discharged after 7 days of intravenous antibiotics.

This case emphasizes that in the ED rare causes (zebras) for common clinical presentation happens (as any foreign body tends to lodge in the ileocecal junction), and merits consideration.

### Figures



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