

World Journal of *Clinical Cases*

World J Clin Cases 2022 September 16; 10(26): 9180-9549



Contents

Thrice Monthly Volume 10 Number 26 September 16, 2022

REVIEW

- 9180** Assisting individuals with diabetes in the COVID-19 pandemic period: Examining the role of religious factors and faith communities

Eseadi C, Ossai OV, Onyishi CN, Ilechukwu LC

- 9192** Role of octreotide in small bowel bleeding

Khedr A, Mahmoud EE, Attallah N, Mir M, Boike S, Rauf I, Jama AB, Mushtaq H, Surani S, Khan SA

MINIREVIEWS

- 9207** Internet of things-based health monitoring system for early detection of cardiovascular events during COVID-19 pandemic

Dami S

- 9219** Convergence mechanism of mindfulness intervention in treating attention deficit hyperactivity disorder: Clues from current evidence

Xu XP, Wang W, Wan S, Xiao CF

- 9228** Clinical presentation, management, screening and surveillance for colorectal cancer during the COVID-19 pandemic

Akbulut S, Hargura AS, Garzali IU, Aloun A, Colak C

- 9241** Early diagnostic value of liver stiffness measurement in hepatic sinusoidal obstruction syndrome induced by hematopoietic stem cell transplantation

Tan YW, Shi YC

ORIGINAL ARTICLE

Case Control Study

- 9254** Local inflammatory response to gastroesophageal reflux: Association of gene expression of inflammatory cytokines with esophageal multichannel intraluminal impedance-pH data

Morozov S, Sentsova T

Retrospective Study

- 9264** Evaluation of high-risk factors and the diagnostic value of alpha-fetoprotein in the stratification of primary liver cancer

Jiao HB, Wang W, Guo MN, Su YL, Pang DQ, Wang BL, Shi J, Wu JH

- 9276** One-half layer pancreaticojejunostomy with the rear wall of the pancreas reinforced: A valuable anastomosis technique

Wei JP, Tai S, Su ZL

- 9285** Development and validation of an epithelial-mesenchymal transition-related gene signature for predicting prognosis

Zhou DH, Du QC, Fu Z, Wang XY, Zhou L, Wang J, Hu CK, Liu S, Li JM, Ma ML, Yu H

Observational Study

- 9303** Incidence and risk factor analysis for swelling after apical microsurgery

Bi C, Xia SQ, Zhu YC, Lian XZ, Hu LJ, Rao CX, Jin HB, Shang XD, Jin FF, Li JY, Zheng P, Wang SH

CASE REPORT

- 9310** Acute carotid stent thrombosis: A case report and literature review

Zhang JB, Fan XQ, Chen J, Liu P, Ye ZD

- 9318** Congenital ovarian anomaly manifesting as extra tissue connection between the two ovaries: A case report

Choi MG, Kim JW, Kim YH, Kim AM, Kim TY, Ryu HK

- 9323** Cefoperazone-sulbactam and ornidazole for *Gardnerella vaginalis* bloodstream infection after cesarean section: A case report

Mu Y, Li JJ, Wu X, Zhou XF, Tang L, Zhou Q

- 9332** Early-onset ophthalmoplegia, cervical dyskinesia, and lower extremity weakness due to partial deletion of chromosome 16: A case report

Xu M, Jiang J, He Y, Gu WY, Jin B

- 9340** Posterior mediastinal extralobar pulmonary sequestration misdiagnosed as a neurogenic tumor: A case report

Jin HJ, Yu Y, He W, Han Y

- 9348** Unexpected difficult airway due to severe upper tracheal distortion: A case report

Zhou JW, Wang CG, Chen G, Zhou YF, Ding JF, Zhang JW

- 9354** Special epithelioid trophoblastic tumor: A case report

Wang YN, Dong Y, Wang L, Chen YH, Hu HY, Guo J, Sun L

- 9361** Intrahepatic multicystic biliary hamartoma: A case report

Wang CY, Shi FY, Huang WF, Tang Y, Li T, He GL

- 9368** ST-segment elevation myocardial infarction in Kawasaki disease: A case report and review of literature

Lee J, Seo J, Shin YH, Jang AY, Suh SY

- 9378** Bilateral hypocalcaemic cataracts due to idiopathic parathyroid insufficiency: A case report

Li Y

- 9384** Single organ hepatic artery vasculitis as an unusual cause of epigastric pain: A case report

Kaviani R, Farrell J, Dehghan N, Moosavi S

- 9390** Congenital lipoid adrenal hyperplasia with Graves' disease: A case report

Wang YJ, Liu C, Xing C, Zhang L, Xu WF, Wang HY, Wang FT

- 9398** Cytokine release syndrome complicated with rhabdomyolysis after chimeric antigen receptor T-cell therapy: A case report
Zhang L, Chen W, Wang XM, Zhang SQ
- 9404** Antiphospholipid syndrome with renal and splenic infarction after blunt trauma: A case report
Lee NA, Jeong ES, Jang HS, Park YC, Kang JH, Kim JC, Jo YG
- 9411** Uncontrolled high blood pressure under total intravenous anesthesia with propofol and remifentanyl: A case report
Jang MJ, Kim JH, Jeong HJ
- 9417** Noncirrhotic portal hypertension due to peripheral T-cell lymphoma, not otherwise specified: A case report
Wu MM, Fu WJ, Wu J, Zhu LL, Niu T, Yang R, Yao J, Lu Q, Liao XY
- 9428** Resumption of school after lockdown in COVID-19 pandemic: Three case reports
Wang KJ, Cao Y, Gao CY, Song ZQ, Zeng M, Gong HL, Wen J, Xiao S
- 9434** Complete recovery from segmental zoster paresis confirmed by magnetic resonance imaging: A case report
Park J, Lee W, Lim Y
- 9440** Imaging findings of immunoglobulin G4-related hypophysitis: A case report
Lv K, Cao X, Geng DY, Zhang J
- 9447** Systemic lupus erythematosus presenting with progressive massive ascites and CA-125 elevation indicating Tjasma syndrome? A case report
Wang JD, Yang YF, Zhang XF, Huang J
- 9454** Locally advanced cervical rhabdomyosarcoma in adults: A case report
Xu LJ, Cai J, Huang BX, Dong WH
- 9462** Rapid progressive vaccine-induced immune thrombotic thrombocytopenia with cerebral venous thrombosis after ChAdOx1 nCoV-19 (AZD1222) vaccination: A case report
Jiang SK, Chen WL, Chien C, Pan CS, Tsai ST
- 9470** Burkitt-like lymphoma with 11q aberration confirmed by needle biopsy of the liver: A case report
Yang HJ, Wang ZM
- 9478** Common carotid artery thrombosis and malignant middle cerebral artery infarction following ovarian hyperstimulation syndrome: A case report
Xu YT, Yin QQ, Guo ZR
- 9484** Postoperative radiotherapy for thymus salivary gland carcinoma: A case report
Deng R, Li NJ, Bai LL, Nie SH, Sun XW, Wang YS
- 9493** Follicular carcinoma of the thyroid with a single metastatic lesion in the lumbar spine: A case report
Chen YK, Chen YC, Lin WX, Zheng JH, Liu YY, Zou J, Cai JH, Ji ZQ, Chen LZ, Li ZY, Chen YX

- 9502** Guillain-Barré syndrome and hemophagocytic syndrome heralding the diagnosis of diffuse large B cell lymphoma: A case report
Zhou QL, Li ZK, Xu F, Liang XG, Wang XB, Su J, Tang YF
- 9510** Intravitreal injection of conbercept for bullous retinal detachment: A case report
Xiang XL, Cao YH, Jiang TW, Huang ZR
- 9518** Supratentorial hemangioblastoma at the anterior skull base: A case report
Xu ST, Cao X, Yin XY, Zhang JY, Nan J, Zhang J

META-ANALYSIS

- 9524** Certain sulfonylurea drugs increase serum free fatty acid in diabetic patients: A systematic review and meta-analysis
Yu M, Feng XY, Yao S, Wang C, Yang P

LETTER TO THE EDITOR

- 9536** Glucose substrate in the hydrogen breath test for gut microbiota determination: A recommended noninvasive test
Xie QQ, Wang JF, Zhang YF, Xu DH, Zhou B, Li TH, Li ZP
- 9539** A rare cause of acute abdomen after a Good Friday
Pante L, Brito LG, Franciscatto M, Brambilla E, Soldera J
- 9542** Obesity is associated with colitis in women but not necessarily causal relationship
Shen W, He LP, Zhou LL
- 9545** Risk stratification of primary liver cancer
Tan YW

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The WJCC is now abstracted and indexed in Science Citation Index Expanded (SCIE, also known as SciSearch®), Journal Citation Reports/Science Edition, Current Contents®/Clinical Medicine, PubMed, PubMed Central, Scopus, Reference Citation Analysis, China National Knowledge Infrastructure, China Science and Technology Journal Database, and Superstar Journals Database. The 2022 Edition of Journal Citation Reports® cites the 2021 impact factor (IF) for WJCC as 1.534; IF without journal self cites: 1.491; 5-year IF: 1.599; Journal Citation Indicator: 0.28; Ranking: 135 among 172 journals in medicine, general and internal; and Quartile category: Q4. The WJCC's CiteScore for 2021 is 1.2 and Scopus CiteScore rank 2021: General Medicine is 443/826.

RESPONSIBLE EDITORS FOR THIS ISSUE

Production Editor: Hua-Ge Yin; Production Department Director: Xu Guo; Editorial Office Director: Jin-Lei Wang.

NAME OF JOURNAL

World Journal of Clinical Cases

ISSN

ISSN 2307-8960 (online)

LAUNCH DATE

April 16, 2013

FREQUENCY

Thrice Monthly

EDITORS-IN-CHIEF

Bao-Gan Peng, Jerzy Tadeusz Chudek, George Kontogeorgos, Maurizio Serati, Ja Hyeon Ku

EDITORIAL BOARD MEMBERS

<https://www.wjgnet.com/2307-8960/editorialboard.htm>

PUBLICATION DATE

September 16, 2022

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INSTRUCTIONS TO AUTHORS

<https://www.wjgnet.com/bpg/gerinfo/204>

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<https://www.wjgnet.com/bpg/gerinfo/240>

PUBLICATION ETHICS

<https://www.wjgnet.com/bpg/GerInfo/288>

PUBLICATION MISCONDUCT

<https://www.wjgnet.com/bpg/gerinfo/208>

ARTICLE PROCESSING CHARGE

<https://www.wjgnet.com/bpg/gerinfo/242>

STEPS FOR SUBMITTING MANUSCRIPTS

<https://www.wjgnet.com/bpg/GerInfo/239>

ONLINE SUBMISSION

<https://www.f6publishing.com>



A rare cause of acute abdomen after a Good Friday

Leticia Pante, Luísa Gailhard Brito, Miguel Franciscatto, Eduardo Brambilla, Jonathan Soldera

Specialty type: Gastroenterology and hepatology

Provenance and peer review: Unsolicited article; Externally peer reviewed.

Peer-review model: Single blind

Peer-review report's scientific quality classification

Grade A (Excellent): 0
Grade B (Very good): 0
Grade C (Good): C
Grade D (Fair): D
Grade E (Poor): 0

P-Reviewer: Martino A, Italy; Wang S

Received: April 10, 2022

Peer-review started: April 10, 2022

First decision: May 11, 2022

Revised: June 13, 2022

Accepted: August 15, 2022

Article in press: August 15, 2022

Published online: September 16, 2022



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Abstract

Small bowel perforation caused by an ingested fish bone is rare but can involve the appendix or Meckel's diverticulum. We report the case of a 25-year-old man who presented to the emergency department with acute abdomen caused by perforation of a Meckel's diverticulum with a fish bone ingested in a Good Friday.

Key Words: Fish bone; Foreign body; Small bowel perforation; Meckel diverticulum

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Core Tip: We report the case of a 25-year-old man who presented to the emergency department with acute abdomen caused by perforation of a Meckel's diverticulum with a fish bone ingested in a Good Friday.

Citation: Pante L, Brito LG, Franciscatto M, Brambilla E, Soldera J. A rare cause of acute abdomen after a Good Friday. *World J Clin Cases* 2022; 10(26): 9539-9541

URL: <https://www.wjgnet.com/2307-8960/full/v10/i26/9539.htm>

DOI: <https://dx.doi.org/10.12998/wjcc.v10.i26.9539>

TO THE EDITOR

In our hospital in Brazil, after the Good Friday of 2020, we admitted a 25-year-old male patient who presented with severe abdominal pain in the right lower quadrant. He had signs of peritoneal irritation on physical examination. A computed tomography

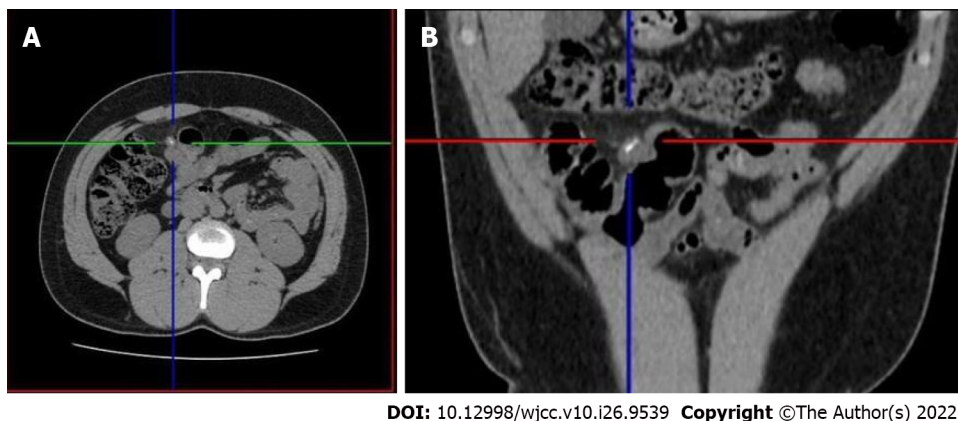


Figure 1 Computed tomography. A: Axial; B: Coronal. Pneumoperitoneum and a hyperdense image in the ileal wall.



Figure 2 Surgical specimen. Perforated Meckel diverticulum by a fishbone 30 cm above the ileocecal valve.

(CT) scan showed pneumoperitoneum and a hyperdense structure in the ileal wall (Figure 1). This imaging finding went unnoticed until the patient underwent exploratory laparotomy, which revealed a Meckel's diverticulum perforated by a fish bone 30 cm above the ileocecal valve (Figure 2). Diverticulectomy was performed and the patient was discharged after a few days. He later reported having eaten fish on Good Friday, a Christian holiday in which Brazilians generally eat fish instead of poultry or red meat.

Meckel's diverticulum is often an asymptomatic condition. Nevertheless, 4.2% to 16.9% of patients are likely to become symptomatic[1-3]. There is a wide range of complications associated with this disease, such as acute or chronic abdominal pain, anemia, gastrointestinal bleeding, obstruction, and perforation [1,3]. Although most of these complications are not rare, small bowel perforation caused by an ingested fish bone is a rare finding, occurring in less than 1% of patients[2], because, in most cases of ingested foreign bodies, the object will pass through the gastrointestinal tract without any complications[4].

Perforation may occur in any part of the gastrointestinal tract, but cases involving the appendix or Meckel's diverticulum are rare. In this setting, approximately 300 cases of a Meckel's diverticulum perforated by a swallowed foreign body have been reported[3]. Surprisingly, we found one case similar to ours published in the World Journal of Gastroenterology in 2014[1].

The preoperative diagnosis of perforation of the Meckel's diverticulum by foreign body can be challenging given the broad spectrum of differential diagnoses. In addition, patients do not always recall ingesting the foreign body, and fish bones are not easily detected on radiographs or CT scans[2,3]. The perforated Meckel's diverticulum may also mimic acute appendicitis, acute diverticulitis, and colitis [4]. In the case presented here, the patient complained of severe abdominal pain in the right lower quadrant, similar to that of acute appendicitis.

Imaging is essential to determine the correct diagnosis prior to surgery. Radiography is not a reliable means to detect a fish bone, because it lacks sensitivity for the aerodigestive tract[4]. Although abdominal ultrasound is useful in identifying a foreign body based on high reflectivity and variable

posterior shadowing, CT is the imaging modality of choice for the detection of foreign bodies and other acute abdomen conditions[4].

In a similar context, other radiological features of fish bone perforation were described in a case report published in 2022, such as thickening of the intestinal wall, fatty deposits, intestinal ileus, ascites, localized pneumoperitoneum, intra-abdominal abscess, and a linear hyperdense structure in the abdominal cavity within the gastrointestinal tract or a parenchymal organ, often surrounded by inflammation[4]. Therefore, the combination of a detailed medical history with imaging and ancillary testing (ultrasound and abdominal CT) is crucial in cases of acute abdomen that may require surgery[5,6,7].

Treatment includes exploratory laparotomy when the diagnosis of acute abdomen has been made. In addition, diverticulectomy and colectomy may be necessary to minimize complications. It is of paramount importance to explore the entire abdominal cavity intraoperatively, especially in the absence of an explanation for the clinical findings[1,5,6,8].

Therefore, bone-induced perforation should be suspected when the CT scan shows a hyperdense structure in the bowel wall, whether with signs of perforation or not.

FOOTNOTES

Author contributions: Pante L, Brito LG, Franciscatto M, Brambilla E, and Soldara J contributed in writing and reviewing the final manuscript; Soldara J also contributed for study supervision.

Conflict-of-interest statement: The authors declare no conflict of interest regarding the subject of this paper.

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S-Editor: Ma YJ

L-Editor: Filipodia CL

P-Editor: Ma YJ

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