

trate the fact that history, even medical history, does tend to repeat itself.

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Reference

1. Evans RJ. *Death in Hamburg: society and politics in the cholera years 1830-1910*. London: Penguin; 1987. p. 285-314.

Plastic bread-bag clips: the saga continues

We read with interest the recent report of plastic bread-bag clips in the gastrointestinal tract.¹ We were recently consulted regarding a patient whose small bowel was ultimately found to have been perforated owing to an impacted plastic bread-bag clip.

The patient, a 39-year-old man, had been experiencing intermittent episodes of colicky abdominal pain for about 5 years. He had previously been admitted to hospital with signs and symptoms consistent with a small bowel obstruction. He had undergone several investi-

gations, including CT scans and a small bowel follow-through, but no cause was identified.

He presented at our hospital with severe pain and a recent onset of nausea and vomiting. This followed several weeks of increasing crampy pain, associated with at least 1 episode of rectal bleeding. He was admitted to the GI service and over the next 36 hours developed signs of peritonitis, for which the surgical service was consulted. In the meantime, he had undergone both an ultrasound and a CT scan, which showed a small amount of free fluid but nothing else.

He underwent a laparotomy, and the clip was found in the distal small bowel, where it appeared to have attached itself and slowly eroded through the wall, as described by Ken Newell and colleagues.¹ He underwent a resection and primary anastomosis, from which he has recovered well. Unfortunately, the "best before" date was no longer visible on the clip.

In contrast to most of the patients in the study by Newell and colleagues,¹ this patient was young and had his own teeth. However, he is a single parent of young, active children and said that he often eats in a rush and does not chew his food well.

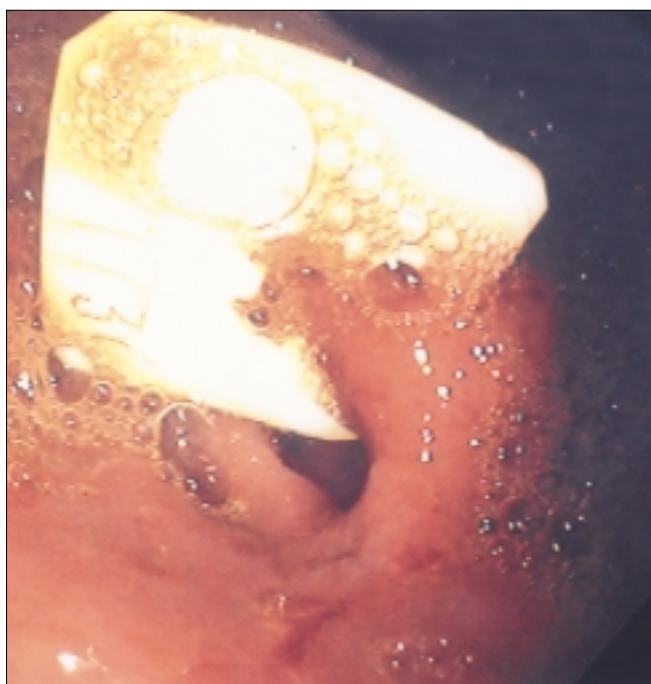


Fig. 1: Endoscopic view of the pylorus with the plastic bread-bag clip embedded in the pyloric lip.

The findings in this case support the authors' recommendation that the clips be made of a radiopaque material to allow early identification of the foreign body.

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Reference

1. Newell KJ, Taylor B, Walton JC, Tweedie EJ. Plastic bread-bag clips in the gastrointestinal tract: report of 5 cases and review of the literature. *CMAJ* 2000;162(4):527-9.

I was surprised to see how many cases of plastic bread-bag clip ingestion with complications have been previously reported.¹ We also had 1 case recently in a 73-year-old woman who had unknowingly ingested a plastic bread-bag clip and subsequently complained of epigastric pain. An upper gastrointestinal barium study suggested gastric ulceration. When we performed a gastroscopy we were surprised to see a plastic bread-bag clip lodged in the pylorus (Fig. 1). The angled teeth of the plastic clip had trapped the pyloric lip and had become deeply embedded. We used a snare to grab the clip and gently pull it out of the gastric mucosa. The clip was removed without sequela and the patient was placed on acid suppression with complete resolution of her symptoms. With regards to the risk factors mentioned by the authors, our patient wore dentures but did not have dementia.

I support Ken Newell and colleagues' suggestion that other forms of bag ties be used or that these clips be physically altered to minimize these occurrences.¹

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Reference

1. Newell KJ, Taylor B, Walton JC, Tweedie EJ. Plastic bread-bag clips in the gastrointestinal tract: report of 5 cases and review of the literature. *CMAJ* 2000;162(4):527-9.