

(Refer to [page 6](#))

ANSWER: LARGE BOWEL PERFORATION WITH GENERALISED PERITONITIS SECONDARY TO SENTOL SEEDS IMPACTION.

The patient underwent an emergency exploratory laparotomy with Hartman's procedure, limited right hemicolectomy, ileocolic anastomosis (anastomosis between the ileum and the remaining transverse and descending colon) and peritoneal lavage. Intraoperatively, there was gross peritoneal contamination with one litre of seropurulent peritoneal fluid. Ischaemic changes of the terminal ileum adjacent to the ileocecal valve were noted. There was a 1 x 2 cm perforation at the rectosigmoid junction with a Sentul seed seen adjacent to it (Figure 2a&b). Multiple intraluminal Sentul seeds were found within the small and large bowel until the rectum. The end of the descending colon was exteriorized as an end colostomy while the rectal stump was stapled. The patient was discharged well ten days following a hospital stay.

The ingestion of a foreign body is not uncommon. It is often seen among the paediatric population.¹ Ingestion of long, thin,

sharp, and pointed foreign bodies are most likely to cause perforation while seeds are afflicted to medium risk of perforation.² Impaction and progressive erosion of the foreign body through the intestinal wall leads to perforation, and, in most cases, this site of perforation is covered by fibrin, omentum, or adjacent loops of bowel.³ The sites of perforation by the foreign body almost always occur at the ileocecal and rectosigmoid due to narrow cavity and angled digestive tract.⁴

The Sentul is a tropical fruit native to maritime Southeast Asia (Figure 2c). It has a fusiform body with two sharp sides. According to Changrisuk et al, mortality of 20 % was related to perforation caused by Sentul seed.⁵

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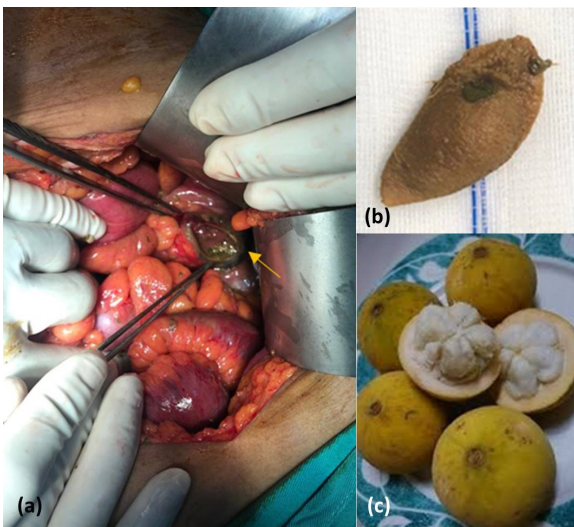


Figure 2: (a) Rectosigmoid perforation (yellow arrow), (b) the Sentul seed, (c) from the Sentul fruits, which caused the perforation. (Click on image to enlarge)