Letters to the Editor

Problems with a plastic bread-bag clip

Sir

Approximately 99% of swallowed foreign bodies pass through the gastrointestinal tract without significant consequences (McPherson et al., 1957), but we have recently come across an apparently innocuous object, a plastic bread-bag clip, that causes intestinal perforation, and other problems if swallowed and not retrieved.

A 66-year-old man presented to the Accident and Emergency Unit with a history of vague colicky abdominal pains for the previous 2 weeks, followed by a sudden severe stabbing pain, localized to the right iliac fossa, for the 12 h before admission. This was accompanied by nausea, but no vomiting. On examination he had signs of generalized peritonitis. A provisional diagnosis of a gastrointestinal perforation was made, and a laparotomy was performed. At operation he was found to have a perforation of the distal ileum lying in the right iliac fossa, with extensive faecal peritonitis. Distal to the perforation, and firmly attached to the intestinal wall, a hard object could be felt. The perforated segment of bowel, including the clip, was resected, and primary anastomosis was carried out. The peritoneal cavity was irrigated with saline. The patient made an uneventful post-operative recovery. He recalled swallowing a plastic bread-bag clip some weeks earlier, when he mistakenly caught it in a sandwich, but felt that it was likely to be harmless and thought no more about it.

Examination of the resected small bowel revealed a plastic clip, of the type commonly used to seal polythene food bags. A fold of intestinal mucosa was gripped between the barbed teeth of this clip, and proximal to it there were two ulcers as well as a 'punched out' perforation. It appears that the clip readily grips the intestinal mucosa during peristalsis, and as the bowel attempts to dislodge it, its sharp teeth eventually produce a perforation. This perforation is not large enough to allow the clip to emerge from the bowel, but it passes distally and repeats the process. This would explain the shallow ulcers seen in this case. We have since discovered another case of intestinal perforation caused by bread bag clips of this type (Rivron & Jones, 1983). In yet another case, an unresolving intermittent intestinal obstruction was caused by the flap valve action of a clip across the intestinal lumen (Jamison et al., 1983).

These clips present a serious hazard. They are small, brightly coloured, and always found in the presence of food. They are attractive to children, and, as they appear-

Fig. 1 Clip attached to bowel wall.
Clip has perforated bowel wall and moved distally to commence second perforation.

harmless, most parents, and indeed most doctors, are probably unaware of their danger. We feel that widespread recognition of this danger, especially in accident and emergency units, is required, if unnecessary morbidity, and perhaps mortality, is to be avoided in the future. The necessity of these clips is questioned, when they can, apparently, be simply replaced by plastic tape to seal the polythene bag. Endoscopic removal for early presenters should probably be considered.

ACKNOWLEDGEMENTS

We thank Mr M. Shafiq for allowing us to use his patient in this report.

J. P. M. ELLUL* & P. D. HODGKINSON
Department of Surgery,
North Manchester General Hospital,
Crumpsall,
Manchester, England

REFERENCES


*Correspondence: Mr J. P. M. Ellul, Surgical Registrar, Hedley Atkins Unit, Guy’s Hospital, London SE1 9RT.