The lady who lost her marbles—food for thought

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**Background**—Oesophageal foreign bodies are an infrequent cause of adult hospital presentation and an even less common incidental finding. Microcytic anaemia is however a common reason for further investigation, particularly in the elderly. It involves excluding sources of occult blood loss, initially focussing on the gastrointestinal tract.

An 84-year-old female without significant medical history presented acutely under the general surgical service following a motor vehicle accident. Whilst haemodynamically stable, examination demonstrated significant seatbelt bruising and generalised abdominal tenderness. A CT scan at this stage showed no intra-abdominal pathology.

**Clinical**—The patient was noted to be anaemic with a haemoglobin of 91 g/L (normal 115–155), MCV 79 fL (80–99), and ferritin 19 ug/L (20–350). She specifically denied any symptoms of her anaemia.

Upper and lower gastrointestinal endoscopy were performed 6 weeks after index presentation. Gastroscopy identified a pharyngeal pouch containing a marble clearly seen in Figure 1 as a rounded smooth structure within a lumen. Figure 2 is a contrast study of the oesophagus performed after marble retrieval.

Unfortunately there is no radiological image which demonstrates the marble *in situ*. The pouch fills to the right side of the image with contrast seen as black. Colonoscopy identified a sigmoid polyp which could not be removed endoscopically and this is seen in Figure 3. A large caecal tumour was also identified and is pictured being biopsied in Figure 4. The biopsy confirmed adenocarcinoma.

After discussion in clinic, the patient proceeded to open right hemicolectomy as well as sigmoid colotomy and polypectomy. She made an uneventful recovery from this and was discharged on the sixth day post-operatively. Histology described a T3N0 adenocarcinoma of the caecum. The sigmoid polyp was reported as adenoma.
Figure 1. Smooth marble (arrowed) within a pouch

Figure 2. Pouch seen filling with black contrast (arrowed)
Discussion—This patient, initially asymptomatic of her anaemia, was admitted to hospital following a motor vehicle accident. She made a speedy recovery following this and pleasingly went on to have her anaemia investigated appropriately. Two separate bowel lesions were identified and managed appropriately with predicted good long-term outcome.

Of greater interest to the patient was the identification of a marble in an oesophageal pouch. She could specifically remember her mother making jam some 30 years previously and a long discussion about the marbles in the pot to “stop the sugar
sticking”. This is a commonly-used technique and is not previously described in the medical literature as causing any harm.

On the occasion in question the marble was lost and nothing further was thought of it until now. It is likely that the marble has been resident in the patient’s oesophagus for 30 years.

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**References:**