

## Original Article

# Foreign-Body Induced Abdominal Perforation in A Vagrant Patient with Schizophrenia: A Case Report from Zaria, Northwest Nigeria

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**\*Correspondence:** Abdullahi AY.**Email:** [ayabdullahi@abu.edu.ng](mailto:ayabdullahi@abu.edu.ng)**ABSTRACT**

Foreign body ingestion is a recognized but infrequent complication of schizophrenia, particularly in individuals with poor treatment adherence and a lack of social support. Severe outcomes such as abdominal perforation are rare and pose significant diagnostic and therapeutic challenges. We aim to present a case report of abdominal perforation induced by foreign bodies ingestion in a vagrant patient suffering from Schizophrenia. This case report describes a 40-year-old vagrant, an unemployed male who had been suffering from schizophrenia for about five years without treatment, presenting with abdominal perforation due to the ingestion of multiple foreign objects. A multidisciplinary approach involving emergency surgery and psychiatric stabilization was employed in his management. Exploratory laparotomy revealed multiple foreign bodies in the stomach, including four and six-inch nails, currency notes, padlock keys, and plastic items. Postoperative psychiatric management led to symptom control with a switch to long acting injectable antipsychotics to improve adherence. The patient showed significant clinical and behavioural improvement and had remained in remission six months after his discharge and has been regular on follow-up. This case underscores the importance of integrated medical and psychiatric care in managing schizophrenia-related emergencies. It also demonstrates the effectiveness of long-acting antipsychotics in reducing relapse in patients with poor insight and adherence.

**Keywords:** Abdominal Perforation, Foreign-Body Ingestion, Multidisciplinary Care, Schizophrenia.**INTRODUCTION**

Schizophrenia is a chronic mental disorder characterized by distortions in thinking, perception, emotions, language, sense of self, and behaviour.<sup>1,2,4,9</sup> Patients with schizophrenia, especially those with a history of poor treatment are at risk of engaging in self-injurious behaviours, including ingestion of non-food items (pica), which may lead to life-threatening complication.<sup>1,4,5,6</sup> Several reasons have been postulated to be

responsible for ingestion of pica among patients with schizophrenia. It has been reported that ingestion of non-edible materials may be as a direct consequence of psychotic symptoms such as command auditory hallucination and delusions.<sup>1,3,7</sup> It may also be part of disorganized behaviour especially among hebephrenic schizophrenia. Malnutrition, anaemia, impulsive behaviour and cognitive deficits are other possible mechanisms of inducing pica behaviour among this category of patients.<sup>8,9,10</sup> Various complications ranging from

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mild complaints (such as abdominal discomfort and pain, constipation, nausea, vomiting) to serious life-threatening conditions such as septicaemia and gastrointestinal perforation may occur in long standing consumption of non-edible materials.<sup>2,4,6</sup> This case describes a rare and severe complication of abdominal perforation in a long-standing, untreated schizophrenic patient that presented as medical emergency at the Ahmadu Bello University Teaching Hospital Zaria, and a multidisciplinary approach was employed for the successful management of the patient.

### CASE PRESENTATION

Mr. A. M, a 40-year-old known schizophrenic vagrant, presented to the Accident and Emergency Department of Ahmadu Bello University Teaching Hospital (ABUTH), Shika-Zaria, Nigeria on 19th September 2024 with a perforating injury to the abdomen. His relatives reported a progressive abdominal distension of two weeks duration, predominantly in the left iliac fossa, accompanied by skin discoloration at the same site. Approximately one hour prior to presentation, the distended area ruptured, revealing a protruding pointed object.

The patient had no prior history of mood episodes (e.g., mania or major depression), substance use, or neurological disorders. No history of substance use (per collateral history), and urine toxicology screening was negative. No fluctuating consciousness, acute medical illness, or metabolic derangements (normal urea/electrolytes, blood glucose). No developmental delays or childhood behavioural patterns suggestive of intellectual disability; cognitive deficits were secondary to chronic psychosis.

On examination, Mr. A. M was found to have a penetrating abdominal injury in the left iliac fossa with a protruding six-inch nail. There was purulent and fecal discharge at the site. He was haemodynamically stable but disoriented. A psychiatric review was requested. Mental state examination revealed an unkempt individual, laughing and talking to himself, with spontaneous but irrelevant

and tangential speech.

The patient's presentation was consistent with chronic schizophrenia, supported by the absence of features suggestive of alternative diagnoses. This underscores the role of psychosis-driven pica and the need for targeted antipsychotic therapy. A diagnosis of schizophrenia in relapse (hebephrenic type) was made.

He was placed on intramuscular Haloperidol HCL 5mg twice daily, intravenous fluids and broad-spectrum antibiotics. Basic investigations such as full blood count and differentials, urea, electrolytes and creatinine, random blood sugar, urine microscopy, culture and sensitivity among others were done.

Exploratory laparotomy was performed on 24th September 2024. Intra-operatively, his stomach was grossly distended and contained multiple foreign bodies including:

- Three 6-inch nails
- One 4-inch nail
- One door key
- One 50 Naira note
- One 20 Naira note
- Three textile trouser ropes
- Seven polythene bags
- Three pens
- Four rubber-like objects

Gastric lavage was done, and a gastrostomy and left thoracotomy were performed. Postoperatively, his condition improved, and Haloperidol was converted to oral form (10mg thrice daily). Due to emerging extrapyramidal symptoms, Benhexol 5mg daily was added. The patient responded well with a significant reduction in psychotic symptoms.

Recognizing the risk of future non-adherence, a long-acting injectable antipsychotic, intramuscular Flupentixol decanoate (Depixol) 40mg monthly, was introduced while oral Haloperidol was reduced to 10mg twice daily. He was discharged on 28th October 2024 with improved mental status and has

remained adherent to follow-up and medications. His relatives report a marked improvement in behaviour, including cessation of vagrancy.

## DISCUSSION

Foreign body ingestion among schizophrenic patients, though reported, is rare at the scale observed in this case. Pica, delusional thinking, command auditory hallucination, and poor judgment contribute to such behaviour. This case is further complicated by the patient's prolonged default from treatment and homelessness, underscoring the role of poor insight and lack of family support.

Surgical intervention was lifesaving, and psychiatric stabilization prevented further episodes. Use of long acting injectables in patients with high risk of non-adherence has been shown to improve outcomes, as evidenced in this case. Early psychiatric consultation and collaboration with surgical teams are essential in managing such complex presentations.

## CONCLUSION

This case illustrates the severe medical consequences of untreated schizophrenia and the critical need for integrated psychiatric and medical care. It also highlights the effectiveness of long acting injectable antipsychotics in improving compliance and outcomes in patients with poor insight and adherence challenges.

## Conflicts of Interest

The authors declare no conflicts of interest.

## Consent

Written informed consent for publication was obtained from the patient's legal guardian.

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