Banknotes in the stomach

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In adults, foreign bodies are intentionally or accidentally ingested and may sometimes cause significant clinical consequences depending upon their physical and chemical features (1). Obstruction, perforation and penetration are the major gastrointestinal complications. Small and blunt objects mostly pass through the gastrointestinal system without any difficulties. Objects that fail to pass require endoscopic or surgical interventions (2). Endoscopic retrieval is the preferred therapeutic procedure if the type and location of the foreign body is relevant. Herein, we report a young refugee whom deliberately ingested a package of money before failed migration attempt and admitted to us for money retrieval from his stomach.

A 28-year old Syrian man was admitted to Gastroenterology with the history of foreign body swallowing. He was free of any gastrointestinal complaint. He was living in Turkey for 6 years. He had swallowed wrapped banknotes 3 months before whilst trying to pass to Greece as a refugee. Since he couldn't go to abroad, he admitted to us with the request of endoscopic removal of the banknotes. Abdominal X-ray was normal. Abdominal ultrasonography showed an acoustic shadow within the stomach. At endoscopy, there was a foreign body with about 40 mm in diameter in the corpus of the stomach (Figure 1). We could catch it with snare but not pass through the esophagus because of its big size. The foreign body was taken out with minor surgical approach percutaneously. The foreign body included banknotes (1500 Euro in total) swapped in a plastic cover (Figure 2).

Refugee crisis is a worldwide big social problem in this century and millions of people have now been forcibly displaced from their own countries because of wars, human rights violations (racism, despotism and fear of persecutions for political opinion and membership), environment and climate issues, and economic hardship. Because of the journey's difficulties and obscurity, refugees take their small values (money and jewelries) near them and need to hide with unusual storage conditions (3).



Figure 1.



Figure 2.

Author's contribution:

SK performed the endoscopic procedure and wrote the text

SG performed the operation.

All authors read and approved the final version of the manuscript. We (authors) declare that there were no any

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