

Colorectal Foreign Body: a Case Report

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ABSTRACT

Background: Emergency surgeons seldom encounter cases of foreign body ingestion/insertion. Both children and adults may present with ingestion or insertion of foreign body inside body cavities

Case presentation: Two foreign nationals were brought by customs officer to emergency department with alleged history of insertion of cocaine packets through anus. Any subjects that caused omission from patients were admitted and rectal examinations were carried out. Rectum was filled with cocaine capsules which were retrieved manually as far as we could reach.

Conclusion: It is likely that the use of various objects for anal eroticism is increasing, resulting in an increased incidence of retained rectal foreign bodies.

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► *Implication for health policy/practice/research/medical education:* the use of various objects for anal eroticism is increasing, resulting in an increased incidence of retained rectal foreign bodies.

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1. Introduction:

Emergency surgeons seldom encounter cases of foreign body ingestion /insertion (1). Both children and adults may present with ingestion or insertion of foreign body inside body cavities. Patients present to emergency department either on their own or brought by their care takers(2,3). Body packers/body stuffers are those people who insert/ingest foreign body to conceal it from others. Body stuffing is commonly seen in prisoners/smugglers, who conceal objects from police to aid their transport

undetected. They usually carry narcotics packed into gloves, polythene covers and condoms. Patients may present with symptoms of abdominal pain, obstruction, perforation and there is high risk of patients being killed due to rupture of these capsules and release of high dose of narcotics into body system (4). Every case is admitted and through physical examination done. Radiological investigations aid the diagnosis. Per rectal examination is done after ruling out sharp object inside the rectum. Manual retrieval is attempted in cases of small low lying foreign bodies. Operative removal is indicated in cases of obstruction, perforation and large objects. We

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Fig. 1. Abdominal x ray revealed the presence of radio opaque capsules present till caecum.

encountered two body stuffers carrying cocaine filled capsules in their colon (5, 6).

2. Case Report:

Two foreign nationals were brought by customs officer to emergency department with alleged history of insertion of cocaine packets through anus. Both patients were thoroughly examined, and abdominal findings of palpable lump in left iliac fossa and over right iliac region were noted in both of them. A plain abdominal x ray was taken which revealed multiple capsules present in colonic region from rectum. Patients were taken for CT scan which

revealed multiple capsules which were stuffed from caecum till rectum.

Any subjects that caused omission from patients were admitted and rectal examinations were carried out. Rectum was filled with cocaine capsules which were retrieved manually as far as we could reach. These capsules were handed over to customs officials for further legal procedure. Patients were encouraged to remove these capsules on their own. As patients were asymptomatic/no features of obstruction, they were cared in ward with security.

Patients were allowed to take food orally with diet rich in roughage. They used to pass out few capsules every time. Check x ray was done on 3rd day of admission to reveal the status of capsules inside. On 5th day there were no capsules found in stools and patients were investigated to confirm complete evacuation. Abdomen CT showed no retained capsule. Patients were assessed for fitness for discharge and were discharged on 7th day of admission. Follow up is uneventful.

4. Discussion:

The treatment of rectal foreign bodies has been discussed in the medical literature for many years. Controlled studies of patients with rectal foreign bodies have not been conducted, and the literature is largely anecdotal. These patients usually present to the ED because of pain, often after multiple attempts to remove the object (7).



Fig. 2. CT Scanning of the same patient shows cocaine capsules present in transverse colon(right), digital x ray taken before CT scan showing clear picture of capsules.





Fig. 3. Capsules retrieved from body stuffers.

Presentation is almost always delayed because of embarrassment. The keys to adequate care for these patients are respect for their privacy, evaluation of the type and location of the foreign body, determination if removal can be performed in the ED or if operative referral is needed, and use of appropriate techniques for removal. Caregivers should refrain from making disparaging or comical remarks concerning the nature of the problem and prevent invasions of the patient's privacy by curious hospital staff (8).

Rectal foreign bodies usually are inserted, with the vast majority of cases as a result of erotic activity. In these cases, the objects are typically dildoes or vibrators, although almost any object can be seen, including light bulbs, candles, shot glasses, and odd or unusually large objects such as soda bottles, beer bottles, or other large objects (7, 8).

Less commonly, rectal foreign bodies are inserted in an attempt to conceal the object, typically weapons such as knives, or drug packets (6, 8).

Some rectal foreign bodies are initially swallowed and then transit through the GI tract. Examples of the latter include toothpicks, popcorn, bones, and sunflower seeds (8).

Rectal foreign bodies can be classified as high-lying or low-lying, depending on their location relative to the rectosigmoid junction. This distinction is important.

Objects that are above the sacral curve and rectosigmoid junction are difficult to visualize and remove, and they are often unreachable by rigid proctosigmoidoscope. Low-lying rectal foreign bodies are normally palpable by digital examination and are candidates for ED removal (9).

Frequently, delay in presentation and multiple attempts at self-removal lead to mucosal edema and muscular spasms, further hindering removal. Rectal lacerations and perforations may occur but are less common than other complications. No reliable data exist regarding the frequency of rectal foreign bodies. Older literature consists of occasional case reports, but, more recently, case series and descriptions of evaluation and extraction techniques have been documented. It is likely that the use of various objects for anal eroticism is increasing, resulting in an increased incidence of retained rectal foreign bodies.

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