Seksuologia Polska 2021, 19 Copyright © 2021 Via Medica ISSN: 1731-6677, e-ISSN: 1731-9544 DOI: 10.5603/SP.2021.0013

# Rectal foreign bodies: the role of gender

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### Abstract

Introduction: Rectal foreign bodies are being encountered more frequently in clinical practice nowadays. Material and methods: Between 2015 and 2019, five patients with foreign objects in the rectum were diagnosed and treated at General University Hospital of Patras. We retrospectively reviewed the medical records of these patients.

**Results:** All patients were males and their mean age was 50 years (range: 25–64). In all patients, foreign bodies were removed transanally under general anesthesia. There was no complication and all patients were discharged home 24 hours after the removal of a foreign object.

**Conclusion:** Incidents with rectal foreign bodies are very common nowadays. Cases with males are more frequent and according to the literature, the proportion between male and female patients is very high.

Key words: foreign body, rectal, gender

Seksuologia Polska 2021; 19: 1-4

### Introduction

Incidents with rectal foreign bodies are no longer rare nowadays. However, epidemiological data are lacking [1]. The first report was published in 1919, although cases have been described since the 16th century. Although there are a wide variety of types of foreign bodies and reasons for insertion, objects such as bottles or glasses for autoeroticism is one of the most common reason. According to the literature, the frequency of rectal foreign bodies in the two populations – males and females – is much greater in the population of male patients compared to the population of female patients [2]. We performed a retrospective review of all cases of rectal foreign bodies at our institute over the last 5 years.

### Material and methods

We retrospectively reviewed the cases of all retained rectal foreign bodies that were managed in our department over a 5-year period, 2015 to 2019. Permission was secured from the local institutional

review board to carry out this study. The records of all patients identified with rectal foreign bodies over a 5-year period from January 1, 2015, to December 30, 2019, were retrieved and reviewed. Data collected relate to patients' demography, mechanism of insertion, clinical presentation, the treatment offered, and types of the rectal foreign object extracted.

### Results

A total of five patients presented to our emergency department with retained rectal foreign bodies and were treated. The cases' details are outlined in Table 1. All patients were men at a mean age of 50 (range: 25–64). Four patients (80%) admitted using the object for sexual gratification. Only one patient (20%) was symptomatic and complained of lower abdominal pain, while others were asymptomatic. In all cases, patients were taken to the operating room for examination under anesthesia and transanal removal was possible in all of them. All patients remained 24 hours after the transanal removal and were discharged home in a good condition.

## Discussion

Rectal insertion of foreign bodies is commonly seen in adults and in the majority of cases is used for anal  ${\bf r}$ 

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Nadesłano: 20.08.2021 Przyjęto do druku: 22.10.2021

Case	Sex	Age	Insertion mechanism	Clinical Presentation	Extraction method	Object
1	М	52	Self-insertion for sexual gratification	Asymptomatic	Transanal retrieval under anesthesia	Deodorant bottle
2 (Fig. 1)	М	25	Accidentally sat on it	Asymptomatic	Transanal retrieval under anesthesia	Small ball
3 (Fig. 2)	M	56	Self-insertion for sexual gratification	Asymptomatic	Transanal retrieval under anesthesia	Glass jar
4	М	64	Self-insertion for sexual gratification	Asymptomatic	Transanal retrieval under anesthesia	Deodorant bottle
5 [3]	М	53	Self-insertion for sexual	Lower abdominal pain	Transanal retrieval under	Orange

Table 1. Demographics of patients with retained rectal foreign bodies

gratification

sexual stimulation [1]. In our department, all patients identified with rectal foreign bodies over a 5-year period were men.

# Definition of gender identity

(Fig. 3)

When discussing one's sex identity we have to distinguish their biological sex and their gender identity [4]. Biological sex is determined by sex-related variations in chromosomes; the presence of the Y chromosome in one's karyotype characterizes someone as male, whereas the absence of it characterizes one as female [5]. Although, we have to keep in mind that there are many conditions that lead to a non-typical development of sex characteristics (primary or secondary) and it is not clear the sex of these people. These characteristics are gathered under the definition of intersex conditions (note: the intersex definition is lately displaced by the term: Disorders of Sex Development, DSD). Many of these conditions are results of chromosome abnormalities, gene malfunctions, and mutations or dysfunction of proteins and hormones. The effects of the above are generally anomalies of the external sex organs and internal reproductive organs, the chromosomes which define the sex, and hormones that are important in the expression of sex and its normal function [6].

Gender identity, however, is defined as the condition of being within a spectrum of sociological and psychological expression of identity, from feminine to masculine – though there have been people with non-conforming gender identity that describe themselves as nothing within the previous spectrum [7]. The term of gender identity was introduced as it was an imperative need to understand how people with non-conforming biological indicators of sex make their way through society and how they develop their gender identity in many variable ways from the spectrum mentioned. Another major subject that should be discussed is

gender dysphoria. This term is related to people who feel experience and express their gender in a different way from what they have been nominated from their nature. A significant amount of these people will develop stress or dysphoria due to the fact that there is no way for some of them (hormone therapy and/or surgery) to acquire their desired physical form, which will be according to their gender expression [8]. Nevertheless, it should become clear that some people want to be or be treated not only as of the other gender but also as an alternative gender, which explains why gender identity forms a spectrum [9].

anesthesia

Presentation of statistics from older surveys about the percentage of rectal foreign bodies in men compared to women

According to a survey which was completed by Kyle G. Cologne, MD and Glenn T. Ault, MD there are many conclusions as far as foreign bodies in the rectum are concerned and the difference between the frequency of this event in female and male population becomes clear [2]. It is important to refer to the cases that are not diagnosed due to the fact that the patients do not ask for medical treatment as it is an untouchable situation for a great quota not only of the general population but also of the medical population [2].

If we want to refer to the epidemiology of these cases, the first parameter that we notice is the mean age of these patients, which is about 44 years. Although, to be more accurate, the range of the patients' age begins from about 20 years old and exceeds 90 years old. The proportion between male and female patients varies from 17:1 to 37:1 [2].

Another survey by David W. Munter, MD has come to a similar conclusion as the first one [10]. It should be noted that the patients seek medical help and visit Emergency Department due to the pain and complaint derived from the foreign body. Many of the patients have tried to eject the object on their own, before asking for



Figure 1. Abdominal radiography demonstrating a small ball in the rectum of a 25-year-old male



**Figure 2.** Abdominal radiography showing a glass jar in the rectum of a 56-year-old male

the semen. So, many men use foreign bodies in order to have a prostatic massage and thus sexual arousal, which can give a possible explanation for this difference [11].

Furthermore, there are many other motivations that can explain the reasons which drive someone in such practice. As the first reason is erotic self-satisfaction, the following reasons are given from more to less possible: a) hide illegal substances (such as narcotics) or guns, b) people who crave attention, c) people who



Figure 3. Abdominal radiography showing an orange in the rectum of a 53-year-old male

 $\alpha$  help because of their fear of criticism from the others and this many times worsens their condition.

The epidemiologic data from this survey does not refer to the older literature, as there were only a few cases reported. The age distribution presents two peaks, one at the age of 20 and another one at the age of 60. Most cases are mentioned in the age range of 20–40 years old. The proportion between male and female patients is again high and about 28:1 [10].

# Explanation of the above differences in the frequency of cases between male and female population

From the results that are detailed by the above surveys, it is obvious that the frequency of rectal foreign bodies in the two populations – males and females – is much greater in the population of male patients compared to the population of female patients. Many reasons can explain this dissimilar frequency in the two populations.

According to the surveys someone has firstly to quest after the erotic motivation of such practice and sexual pleasure. The anatomic differences between a male and a female patient – as it was defined by sex identity – play a major role for the observed dissimilarities. It is widely known that male people have a gland located between the blander and the penis. This gland is named the prostate and its location allows it to be reached via the rectum cavity. The specific gland is connected with sexual arousal and pleasure due to the fact that it secrets fluids which not only protect the sperm, but also during the ejaculation (when the climax is reached) the prostate empties its content into the urethra, and these fluids with the sperm comprise

have a purpose to injure the medical provider during an examination of the rectum, d) people who suffer from an astrointestinal problems and especially constipation.

From the above, it is significant to labor the point of attention-seeking people and people who want to harm the practitioners. As far as the people who need attention are concerned, we have to search for psychiatric patients who have this quality. According to DSM-V, people with histrionic personality disorder, among the other characteristics have a tendency to develop an attention-seeking behavior. The gender-related diagnostic criteria for this disorder support that the ratio between male and female patients is not significantly different. Some studies explain that there is almost the same prevalence between the two populations. Other disorders which include attention-seeking behavior have mostly to do with adolescents.

The intention to harm the practitioner has again to do with psychiatric patients. There are many psychiatric disorders that embody aggressive behavior and behavior harmful to others. Among these disorders, the main is antisocial personality disorder, in which the patients can harm others without any feeling of remorse. It should be noted that this disorder is much more common in male than in females [12]. Other psychiatric conditions that can explain an intention to harm others are schizophrenia and bipolar disorder, especially in a manic episode [13, 14].

From the above, it is clear that the dissimilarity between the two populations and the advantage of frequency in male patients compared to females has to do firstly with the existence of prostate gland in men and their motivation for self-satisfaction. The psychiatric disorders which are accompanied by the intention to harm others, and especially antisocial personality disorder, are again more common in the male population. On the other hand, attention-seeking behavior has to do with both sexes.

## Conclusions

There is an increasing trend in retained rectal foreign bodies nowadays. In the majority of cases, patients are males.

## Study limitations

The main limitations of this study are the retrospective design and small sample size of 5 cases because this does not allow for statistical analysis of the data presented.

### Statement of ethics

Written informed consent was obtained from patients for the publication of this manuscript.

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