VOLUME - 12, ISSUE - 07, JULY - 2023 • PRINT ISSN No. 2277 - 8160 • DOI : 10.36106/gjra

Original Research Paper | General Surgery

A CASE OF LARGE FOREIGN BODY IN THE RECTUM

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ABSTRACT

Foreign body (FB) within the rectum found infrequently and its management is challenging for the emergency physicians due to variation in type of objects, host anatomy, time of insertion, and amount of local contamination. Usually, the presentation is late after multiple unsuccessful attempts for the removal of the FB by patients themselves at home. We present a case of 43-year-old male, presented with the history of introducing a plastic bottle in the rectum accidentally and was removed through transanal route under general anaesthesia.

KEYWORDS : Rectal foreign body (RFB), transanal route

INTRODUCTION

Rectal foreign bodies are seen infrequently, mostly the objects are introduced through anus. Rectal foreign body insertion can be done for purposes of sexual gratification, voluntarily or accidentally. Foreign body insertion in the rectum has been sporadically described in the surgical literature, with the earliest reports dating back to the 16th century.[1] The most commonly encountered problem in the management of rectal foreign bodies is the delay in presentation, as these patients are embarrassed in seeking medical care. It is challenging for the clinician to manage such cases particularly with regard to choosing the most appropriate method of extraction. RFBs are known for causing potential complications. They should be seriously and expeditiously treated. Even after extraction, rectal foreign bodies can lead to delayed perforation or significant bleeding from the rectum. Hence, a stepwise approach to the diagnosis, removal and post extraction evaluation is essential.[2]

Case Report

A 43-year-old male presented to emergency with complaint of pain in abdomen from last one day. Patient had history of introduction of plastic bottle in the anus one day ago. The failure of repeated attempts of self-removal brought the patient to the hospital. He gave history of insertion of small objects in past which were retrievable but this time the object was large and couldn't be retrieved. Vital signs were normal. Abdomen was soft and there were no signs of bowel perforation. Foreign body was palpable on per abdomen examination. X-ray abdomen showed the bottle in lower abdomen and pelvis [Figure 1]. Per rectal examination was performed after the X-ray of the abdomen, revealed the base of the bottle which was large enough to occlude the complete lumen of the rectum and was impacted posteriorly. The attempts to remove the bottle were not successful and the patient was taken to the emergency operation theatre.

Patient was given general anaesthesia and lithotomy position was made and manual removal by holding the base of the bottle was attempted but was not successful. On proctoscopy base of the bottle was visible, an incision was made in the bottle with knife and kocher's forceps inserted through the incision. It was removed transanally with gentle pull from below and push from above (suprapubic region). The bottle was 16cm in length and 6cm in diameter. Post operatively patient was kept under observation for 48 hours and he was doing well. In the post operative period per rectal examination was done, anus was patulous and anal tone was reduced . Psychiatry opinion of the patient was not taken. Patient was discharged after passing stools and flatus. On follow up visit patient is doing well.

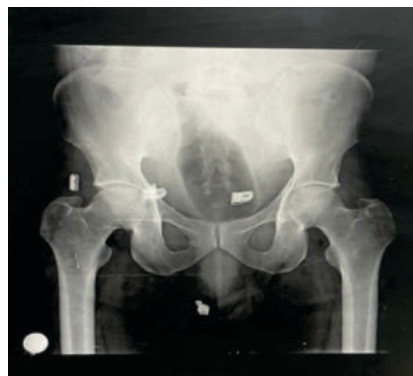

Fig 1. Plain X ray abdomen showing bottle in the lower abdomen.

DISCUSSION

Rectal foreign bodies (RFBs) are infrequent, but no longer considered as rare presentation in emergency departments and their incidence is increasing, specifically in urban populations.[2] Males are more commonly affected. The foreign bodies commonly reported were plastic or glass bottles, cucumbers, carrots, wooden, or rubber objects. The object length varied between 6 and 15 cm, and larger objects were more prone to complications.[3] The most common presenting symptoms are abdominal and rectal pain, bleeding per rectum. Per rectal examination is the cornerstone in the diagnosis, but it should be performed after X-ray abdomen to prevent injury to the surgeon from sharp objects. X-ray pelvis and X-ray abdomen help in locating and localising the foreign body and to rule out bowel perforation. The lateral films of pelvis will orient whether the foreign body is high or low lying. various methods for transanal removal of foreign bodies have been reported.

Most objects can be safely removed during an endoscopy procedure with the assistance of endoscopic devices such as a snare or forceps.[4] Kocher clamps, suction devices, and various grasping forceps, though designed for other purposes, have been effective.[5] However, when foreign bodies are too large to be removed by those, other methods including surgery are required. In the present case, the object was located in the recto-sigmoid area and considered to be removable, though

its axial orientation made removal difficult. Following removal of a foreign body, specifically in those requiring surgical intervention or resulting in suspected rectal perforation, a sigmoidoscopy or colonoscopy is conducted to assess mucosal damage as well as confirm complete removal. Complications occurring after the initial surgery, such as rectal bleeding, are rare and are normally handled by a return to the operation theatre in an attempt to control the source.[6] In our case as there're no complications due to the RFB so the patient could be managed with transanal approach. In such cases psychiatry opinion should be taken for counselling the patient and to prevent such incidents in future.

CONCLUSION

For retrieval of RFB, minimal invasive technique should be preferred; however, when these techniques are not available or cannot extract the FB, surgery is required. High degree of suspicion of bowel perforation is required for someone presenting with history of FB ingestion. To prevent accidental injury to the surgeon from sharp objects, per rectal examination should be done after doing X-ray abdomen and pelvis. To rule out colorectal injury post-retrieval colonoscopy and x-ray is of utmost importance.

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