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Unusual Foreign Body in Rectum : A Case Report

KEYWORDS

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ABSTRACT *It is not uncommon for medical practitioner to find patient seeking emergency medical attention for foreign body in rectum. In most of these cases foreign body is introduced by patient himself to obtain sexual pleasure. Bottles, vibrators, vegetables, fruits and balls are common articles which are found in rectum. It is rare to find stone in rectum.Here a case is presented who had a big stone in rectum.*

Introduction

Patients at times seek emergency medical service for foreign body in rectum. Rectal foreign bodies commonly are introduced through the anus, usually for erotic activity. However, sometimes a foreign body may be swallowed, pass through the digestive tract, and eventually get held up in the rectum. These patients usually present to the Emergency Department because of pain, often after multiple attempts to remove the object have failed. Presentation is almost always delayed because of embarrassment.

Case Report

A sixty year male presented with complains of dull aching pain lower abdomen, constipation, loss of appetite and difficulty in passing urine of five days duration. There was no history of fever, vomiting, jaundice, maleana, hematemesis, bleeding per rectum, dysuria, haematuria, chronic cough, haemoptysis, bony pains, seizures or worm infestation. There was no family history of similar disease or any congenital anomaly.

On clinical examination vital parameters were found within normal limit with no pallor, icterus, pedal edema and lymphadenopathy. Per abdomen examination was normal. However, rectal examination revealed a big stony hard foreign body approximately 5 cm above the anal verge. Rectal mucosa was edematous and adherent to foreign body. On further enquiry, patient admitted self insertion of a stone in rectum five days back to obtain sexual pleasure. He tried to remove it using many appliances, however, failed in all his attempts. He had inserted many objects like candle, brinjal, bottles and stones on previous occasions. Edema of the rectum and sigmoid colon precluded the successful manual removal of the object in the emergency room.

A pelvic radiographic film (Fig.1) showed the radio opaque object be lodged 4 cm proximal to the anal verge of size of 5.4 by 9.2 cm. Plain X-ray abdomen in standing neither show any gas under diaphragm nor multiple fluid levels. CT Scan Abdomen and pelvis (Fig.2) also confirmed presence of foreign body in rectum without any perforation or damage to neighboring structures.

An attempt was made after applying lubricants to remove foreign body manually under spinal anesthesia, which failed as rectal mucosa was edematous and adherent to foreign body. Then bone holding forceps were used to get good hold on foreign body and it was rotated and pulled down and removed from rectum. Patient had bleeding from posterior rectal mucosal tear, which was stopped by rectal packing. Rectal pack was removed next day and patient did not bleed further. He was also referred for psychological counseling. Oral feed started on first post-operative day and patient was discharged on the second postoperative day. Patient reviewed after one month found asymptomatic.

Discussion

Anorectal foreign bodies are usually inserted transanally for sexual or medicinal purposes. Less commonly, foreign bodies are inserted rectally in an attempt at concealment. Typically, these objects are drug packets; less often, they are weapons, such as knives or guns. 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 [1]. Rectal foreign bodies can also be the result of assault, including child abuse. The weapon used in the assault is typically a blunt object but may be any object [2].

Foreign objects found in the rectum and anus seems to be limited only by the human imagination. Rectal foreign bodies may include such objects as bottles, vibrators, fruit, vegetables, and balls. Cylindrical objects are common. In addition, thermometers may accidentally break while a rectal temperature is being obtained. One should maintain a high degree of suspicion of rectal foreign body in psychiatric patient or prisoner who presents with rectal pain or bleeding [4,5]. Occasionally, objects such as thermometers or enema tips may become lost. Most patients, however, admit to the history of insertion by self or a partner [6]. Ano-rectal foreign bodies are more common in men than in women [3]. Most patients are in the age range of 20-40 years [7].

Most of time the patient will not volunteer that any object has been inserted, or may create unusual stories to explain how the object got lodged in the rectum, such as having sat or fallen onto the object. When questioned in privacy, however, the patient will usually give an accurate story behind insertion of the foreign body. Patient reports to emergency department usually after have made multiple attempt to remove the object himself, which increases risk

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of perforation and laceration. Before attempting to remove rectal foreign body, type and nature of it should be ascertained ,because fragile and sharp foreign body deserve special consideration [8]. History of assault should be taken as this is more likely to result in a serious injury as well has medico legal repercussion.

Thorough physical examination of such patient should be carried out as fever and hypotension points towards bleeding and infection. Abdominal examination if reveal rigidity and absent bowel sound indicates perforation of hollow viscus. Large size foreign body if lying high, can be palpated occasionally. Per rectal examination is a must to check bleeding and position of foreign body. A radiograph or CT scan must be taken to find out exact position and nature of foreign body lodged in rectum.

Most of foreign body can be removed as outdoor procedure. However, foreign body which are sharp or fragile or badly impacted should be removed in operation theatre under general or spinal anesthesia to obtain good visualization and good relaxation of sphincter for successful removal of foreign body. Liberal use of lubricant, grasping of foreign body with forceps and gentle withdrawal will prevent further damage to soft tissues. It is pertinent to mention that if foreign body could not be visualized, blind attempt should not be made to remove it. Rather one should apply gentle pressure on lower abdomen to bring foreign body in field of vision. One can pass a well lubricated Folley's catheter above the foreign body and exert gentle pressure after inflating it to facilitate removal of foreign body. After removal of foreign body rectum should be inspected thoroughly to find out any other foreign body or bleeding or tear in rectum. If required antibiotics and analgesic should be prescribed to the patient. At times psychiatric counseling may be required in habitual patient. Privacy of patient should be maintained and hospital staff should be discouraged from making any contemptuous remarks relating to nature of problem. Mortality is rare and results from bleeding, rectal perforation or laceration, and infectious complications.

Fig 1. Radiograph showing radio-opaque foreign body in pelvic cavity.

Radiograph showing radio-opaque foreign body in pelvic cavity

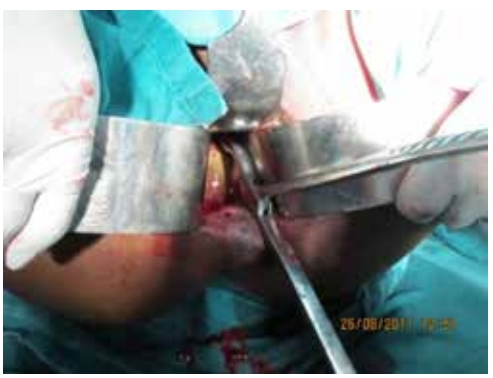
Fig 2. CT scan showing foreign body lodged in rectum.

CT scan showing foreign body lodged in pelvic cavity

Fig 3. CT scan showing foreign body lodged in rectum.

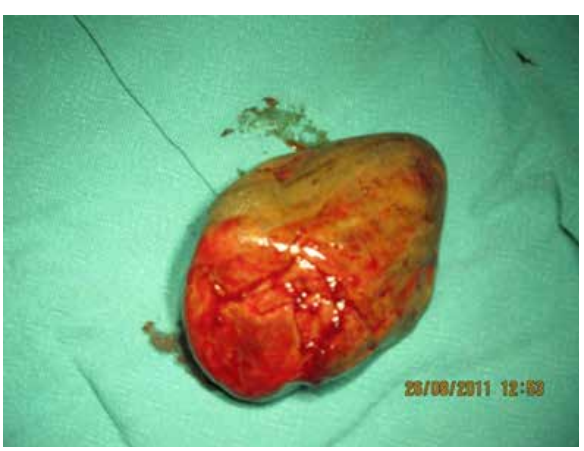
Foreign body lodged in rectum

Fig 4. Foreign body in rectum.



Foreign body lodged in rectum held by Bone holding forceps

Fig 5. Foreign body held by Bone holding forceps.



Foreign body lodged in rectum turned out to be a stone

Reference:

1. Smith MT, Wong RK. Foreign bodies. Gastrointest Endosc Clin N Am. Apr 2007; 17(2):361-82, vii.
2. Goldberg JE, Steele SR. Rectal foreign bodies. Surg Clin North Am. Feb 2010;90(1):173-84.
3. Clarke DL, Buccimazza I, Anderson FA, Thomson SR. Colorectal foreign bodies. Colorectal Dis. Jan 2005;7(1):98-103.
4. Stack LB, Munter DW. Foreign bodies in the gastrointestinal tract. Emerg

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Med Clin North Am. Aug 1996; 14(3):493-521.
5. Rodriguez-Hermosa JI, Codina-Cazador A, Ruiz B, Sirvent JM, Roig J, Farres R. Management of foreign bodies in the rectum.Colorectal Dis. Jul 2007;9(6):543-8.
6. Rosser C. Colonic foreign bodies. JAMA. 1929;39:368-369.
7. Rodriguez-Hermosa JI, Codina-Cazador A, Ruiz B, Sirvent JM, Roig J, Farres R. Management of foreign bodies in the rectum.Colorectal Dis. Jul 2007; 9(6) : 543-8.
8. Anderson KL, Dean AJ. Foreign bodies in the gastrointestinal tract and anorectal emergencies. Emerg Med Clin North Am. May 2011;29(2):369-400, ix.