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UNUSUAL FOREIGN BODY IN RECTUM : A CASE REPORT

KEYWORDS: Cerebral Palsy, Hemiplegia, Tibiocalcaneal angle, Talocalcaneal angle

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ABSTRACT We present a case report of an unusual foreign body (FB)in rectum which was retrieved successfully by trans anal route. Patient presented with retained rectal foreign body following an assault. Patient was admitted and evaluated and transanal retrieval of foreign body was carried out successfully.

INTRODUCTION

Rectal foreign bodies are not uncommon in emergency departments worldwide and foreign bodies of various sizes and shapes have been reported in literature[1]. Patient usually present to emergency department because of pain, often after multiple attempts to remove the object have failed presentation is almost always delayed because of embarrassment. Rectal foreign bodies are known for potential complications and present as a challenge to clinical diagnosis and management.

CASE REPORT

A 70 years old male came to surgical emergency with complaints of dull aching pain in lower abdomen, constipation, inability to pass stools and flatus. There was no history of fever, jaundice vomiting, malena, hematemesis, chronic cough, bony pains or worm infestations. There was no family history of similar disease.

On further coaxing him he revealed a history of assault 6 hours back while working in farm. He told that the assaulters pushed an electricity bulb inside his anal canal forcefully after removing the metallic part. There was no similar history in past or no other psychiatric illness noted.

On clinical examination vital parameters were found within normal limits with no pallor, icterus and pedal edema. Per abdomen was soft. Foreign body was not felt per abdomen.Per rectal examination revealed a hard foreign body approximately 7cm above the anal verge. Rectal mucosa was edematous.

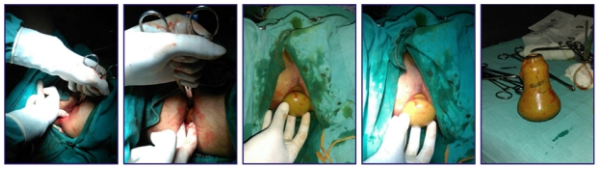
A pelvic radiographic film showed the radio opaque object to be lodged in rectum. Plain x-ray abdomen in standing position neither showed any gas under diaphragm nor multiple air fluid levels. After an informed written consent, patient was shifted to operating room for manual extraction of foreign body. Under anesthesia, with patient in lithotomy position, anal dilatation was done. Initial attempts at holding the base of the bulb was difficult andslippery due to mucous coating over it. The bulb was removed with the help of Male catheter wrapped around the neck of the bulb and held snugly with haemostatic forceps. Along with gentle traction and manipulation with the index finger of right hand. The bulb was retrieved trans anally. Post op per rectal examination and sigmoidoscopy did not reveal any major colorectal injury except for some minor anal tear. Post operative recovery was uneventful without any perianal infection or anal incontinence. Oral feed was started on first post op day and patient was discharged on post op day 3. Patient was reviewed after 1 month and was found asymptomatic.

DISCUSSION

Foreign body with in the rectum are uncommon in asia, and majority of cases are reported in Eastern Europe [2-7]. Males are more commonly affected [2,3]. Age group is 16-80 years [2].

The foreign body commonly reported were plastic and glass bottles or rubber objects [3]. Other objects reported were bulb, tube light, broomstick and vibrators. Objects length varied between 6-15 cms[3]. One should maintain a high degree of suspicion of rectal foreign body in psychiatric patient or a prisoner who presents with rectal pain or bleeding[8,9]. X-ray pelvis and x-ray abdomen help in locating the foreign body and also rule out intestinal perforation. Patient usually reports to emergency department usually after multiple attempts to remove the object himself. Before attempting to remove foreign body type and nature of it should be ascertained because fragile and sharp foreign body deserve special consideration[10]. Liberal use of lubricant, grasping of foreign body with forceps and gentle withdrawal will prevent further damage to soft tissue. One can pass a well lubricated Foleys catheter above the foreign body and exert gentle pressure after inflating it to facilitate the removal of foreign body.

After removal of foreign body rectum should be inspected trans anally to find out any other foreign body or bleeding or tear in rectum. Mortality is rare and results from bleeding, perforation or laceration and infections complications.



CONCLUSION

Rectal foreign body present a difficult diagnostic and management dilemma because of delayed presentation, a variety of objects and a wide spectrum of injuries. A thorough evaluation always gives an insight to the surgeon about foreign body and its complications that are waiting inside.

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