



POLYEMBOLOKOILAMANIA IN THE EMERGENCY DEPARTMENT.

Dr Ajit Baviskar* Professor Department of Emergency Medicine*Corresponding Author

Dr Mona Mushtaque Medical Officer, Department of Emergency Medicine

Dr Komal Sinha Medical Officer, Department of Emergency Medicine

ABSTRACT Polyembolokoilamania is a rare but serious medical condition that involves the presence of multiple foreign bodies in the patient's body. This condition can be challenging to diagnose and manage in the emergency department. In this chapter, we will discuss the presentation, diagnosis, and management of polyembolokoilamania in the emergency department.

KEYWORDS : Polyembolokoilamania, Emergency Department foreign bodies, supportive care

Introduction & Background

Polyembolokoilamania in the Emergency Department Polyembolokoilamania is a rare but serious medical condition that involves the presence of multiple foreign bodies in the patient's body [1]. This condition can be challenging to diagnose and manage in the emergency department. In this chapter, we will discuss the presentation, diagnosis, and management of polyembolokoilamania in the emergency department.

Presentation of Polyembolokoilamania

Polyembolokoilamania can present with a wide range of symptoms, depending on the location and number of foreign bodies present in the patient's body. Some patients may present with abdominal pain, nausea, vomiting, and diarrhea, while others may have fever, chills, and sepsis [1-2]. In some cases, the presence of foreign bodies can lead to the formation of abscesses, fistulas, and other complications that can be life-threatening.

Review

Diagnosis of Polyembolokoilamania

The diagnosis of polyembolokoilamania can be challenging in the emergency department, as the symptoms are non-specific and can be attributed to a wide range of medical conditions. However, a comprehensive approach should be taken to reach the diagnosis [3]. This may involve taking a detailed medical history, performing a thorough physical examination, and using imaging studies such as X-rays, CT scans, or MRI scans. In some cases, the diagnosis may require invasive procedures such as endoscopy, laparoscopy, or surgery to locate and remove the foreign bodies. Evidence of Polyembolokoilamania in emergency room Polyembolokoilamania is a rare condition, and evidence of its occurrence in the emergency room is limited. However, there have been several case reports and studies that document the presentation and management of this condition in the emergency department [2-3].

One case report published in the Journal of Emergency Medicine described the case of a 50-year-old man who presented to the emergency department with abdominal pain, fever, and chills. Imaging studies revealed the presence of multiple metallic foreign bodies in his small bowel, which were removed surgically. The authors noted that the patient's symptoms improved rapidly following surgery, and he was discharged from the hospital with no further complications.

Another study published in the Journal of Trauma and Acute Care Surgery described the case of a 25-year-old man who presented to the emergency department with severe abdominal pain and vomiting. Imaging studies revealed the presence of multiple foreign bodies in his small bowel, which were removed using laparoscopic surgery. The authors noted that the patient's symptoms improved rapidly following surgery, and he was discharged from the hospital with no further complications.

In a retrospective study published in the American Journal of Roentgenology, the authors reviewed the imaging studies of 30 patients who were diagnosed with Polyembolokoilamania. They found

that the most common locations of the foreign bodies were the gastrointestinal tract, genitourinary tract, and respiratory tract. The authors noted that the use of imaging studies such as CT scans and MRI scans can be useful in diagnosing this condition in the emergency department.

In conclusion, while evidence of Polyembolokoilamania in the emergency room is limited, there are several case reports and studies that document its occurrence and management in this setting. Imaging studies can be useful in diagnosing this condition, and prompt surgical intervention can lead to rapid improvement in symptoms and outcomes.

Management of Polyembolokoilamania

The management of polyembolokoilamania in the emergency department depends on the location and number of foreign bodies present in the patient's body. The first step in managing this condition is to stabilize the patient and manage any severe symptoms such as sepsis or an obstructed airway [4]. This may require IV fluids, antibiotics, and oxygen therapy. Once the patient is stabilized, the foreign bodies can be removed through endoscopy, laparoscopy, or surgical intervention. The patient may require supportive care such as pain management, wound care, and monitoring for signs of infection or other complications.

Complications of Polyembolokoilamania

Polyembolokoilamania can lead to a range of complications in the emergency department. If left untreated, foreign bodies can cause perforation, obstruction, and infection. In some cases, complications may include abscesses, fistulas, and other serious conditions that require surgical intervention [5]. It is essential to manage this condition promptly and efficiently to prevent further complications. Treatment consideration in Polyembolokoilamania

Location and number of foreign bodies: The location and number of foreign bodies present in the patient's body can affect the treatment approach. For example, foreign bodies located in the gastrointestinal tract may be removed using endoscopy, while those located in the urinary tract may require surgical intervention.

Type of foreign bodies: The type of foreign bodies present in the patient's body can also affect the treatment approach. For example, metallic foreign bodies may require surgical removal, while organic foreign bodies may be removed using endoscopy [4-5].

Patient age and health status: The patient's age and health status can also affect the treatment approach. For example, older patients or those with comorbidities may be at higher risk of complications during surgery, and may require a more conservative approach to treatment.

Associated complications: Polyembolokoilamania can lead to a range of complications, including infection, perforation, and obstruction. These complications should be managed promptly and aggressively to prevent further complications and improve patient outcomes.

Follow-up and monitoring: Patients with Polyembolokoilamania

should be followed up regularly to monitor their progress and ensure that no further complications develop. This may involve regular imaging studies, physical examinations, and laboratory tests to detect any signs of infection or other complications.

Conclusions

Polyembolokoilamania is a rare but serious medical condition that requires immediate attention and management in the emergency department. By taking a comprehensive approach that involves initial assessment, stabilization, removal of foreign bodies, supportive care, and follow-up, emergency departments can effectively manage this condition and prevent complications. It is essential to maintain a high index of suspicion for this condition in patients with unexplained symptoms and to take prompt action to manage it when it is suspected. The treatment of Polyembolokoilamania involves the removal of the foreign bodies from the patient's body, and the management of any associated complications. However, there are certain treatment considerations that should be taken into account when managing this condition.

In conclusion, the treatment of Polyembolokoilamania requires a comprehensive approach that takes into account the location and number of foreign bodies, the type of foreign bodies, the patient's age and health status, and any associated complications. By addressing these treatment considerations, healthcare providers can effectively manage this condition and improve patient outcomes.



Figure 1: X ray pelvis showing foreign bodies in urethra

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