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CASE REPORT ON A NOVEL MANAGEMENT APPROACH FOR A BODY PACKER IN INDIA

General Surgery

Dr Vazralatha Assistant Professor In General Surgery, Osmania General Hospital, Hyderabad, T.S.

Dr Farhana* Post Graduate Resident In General Surgery, Osmania General Hospital , Hyderabad , T.S. *Corresponding Author

Dr Karan Gupta Post Graduate Resident In General Surgery, Osmania General Hospital, Hyderabad, T.S.

Dr Manognya Podila MBBS Graduate

ABSTRACT

Packaging of illicit drugs , concealed within the body by swallowing or insertion into vagina or rectum is called body packing. A 50 year old male patient brought by the customs department with alleged complaints of ingesting 50-60 contraband substance packets 6 days ago ; with no associated vomiting / pain abdomen / fever. General survey including vitals were under normal limits and examination of the abdomen was soft with no palpable mass or tenderness .Preliminary routine blood workup showed no derangements. Imaging studies like CT scan revealed multiple, well defined hyper-dense foreign bodies(drug packets) within small and large bowel loops with no signs of obstruction. A conservative management approach was adopted for this patient with IV fluids, antibiotics, analgesics , antiemetics , proton pump inhibitors along with bulk laxatives. Intensive monitoring and frequent physical examination was done. The patient purged out a total of 108 drug packets in 6 days , with an uneventful hospital stay.

KEYWORDS

INTRODUCTION :

Drug smuggling by internal body concealment is a growing international problem , first reported in 1973. Packaging of illicit drugs[1] , concealed within the body by swallowing or insertion into vagina or rectum , these individuals are called body packers or stuffers or mules. Wide range of drugs like heroin , cocaine , amphetamines , hashish [1-3] can be transported this way. The material of the drug packets is mostly latex , given to its waterproof nature , predominantly includes latex finger gloves , multilayered condoms , balloons which are tightly packed and may vary in size. Sometimes when they are packed with thick packaging medium, it can be difficult to detect with conventional radiological techniques. To slow down intestinal transition time , constipating agents and parasympathetic agents are often used to prevent the passage of packets [4]. These patients usually present to the emergency department with symptoms of acute intestinal obstruction or gastrointestinal perforation or package rupture causing systemic drug absorption , resulting in drug toxicity and death [5-8]. Asymptomatic patients can be managed conservatively with or without laxatives [5-7] , the need of surgical intervention is currently rare.

Body packer syndrome is rare in India ,so it is imperative to present this case report of a 50 year old male , body packer with contraband substance ingestion.

CASE PRESENTATION :

A 50 year old male patient presented to our hospital with an alleged history of being arrested by Customs department at the airport and complaints of allegedly ingesting 50-60 contraband substance packets , 6 days ago. No History of vomiting / obstipation / pain abdomen / fever . No History of palpitations / chest pain / shortness of breath / visual difficulty. On examination , general survey was normal ; systemic examination revealed no abnormalities with per abdomen being soft and no palpable mass or tenderness or abdominal distension.

CLINICAL COURSE :

Patient was managed conservatively with IV fluids , antibiotics , proton pump inhibitors , antiemetics , analgesics , bulk laxatives and supportive care . Monitoring and frequent physical examination were done .

The patient purged a total of 108 capsules -

ADMISSION DAY	CAPSULES PURGED
DAY 1	45
DAY 2	33
DAY 3	29
DAY 6	01
TOTAL	108

Figure 1 : Purged out 108 drug capsules/packets.

BLOOD TESTS	CBP - Hemoglobin - 13.8g% ; WBC - 10,200/mm3 ; PLC - 1.8 lakh/mm3 RFT - Blood Urea - 27mg/dl ; Serum Creatinine - 0.74 mg/dl ; Sodium - 135 meq/L ; Potassium - 3.6 mq/L LFT - Total Bilirubin - 0.67 mg/dl ; ALT - 15 Units/L ; AST - 21 Units/L ; ALP - 67 Units/L Blood Group - O positive HIV / HbsAg - Non reactive
IMAGING AT THE TIME OF ADMISSION (DAY - 1)	Ultrasonography - Multiple smooth curvilinear echogenicities with posterior acoustic shadowing noted within large bowel loops - likely drug packets . No e/o free fluid in abdomen and pelvis. Computed Tomography(CT) Scan of Abdomen • Multiple well defined , oval hyper-dense foreign bodies approximately 52 in count with central hypodensities (Hounsefield value 90-110) noted within large bowel loops , extending from ascending colon to rectum. No signs of obstruction noted. • Atherosclerotic wall calcifications noted in abdominal aorta , bilateral iliac and femoral vessels. • Multiple degenerative changes noted in the spine.
DAY - 2	X ray Erect Abdomen : E/o well defined , rounded radiodense opacities noted in large bowel , sigmoid colon , descending colon , pelvic region - suggestive of foreign body CT Scan of abdomen : Multiple average (18-25) previously described foreign bodies noted , predominantly in descending colon and rectum. No evidence of free fluid.

RT PCR FOR COVID-19	NEGATIVE
DAY - 3	CT scan of Abdomen : Single similar density foreign body noted in dependent posterior wall of stomach. Respiratory artifacts limit the evaluation of margins of foreign bodies.
DAY - 4	CT scan of Abdomen - E/o similar density foreign body noted in distal small bowel loop measuring 19x55 mm ; e/o multiple similar densities small defined 8-10 in number foreign bodies noted in small bowel with 1 in cecum measuring size 7-8 mm. No evidence of free fluid in abdomen.
DAY - 7	CT scan of Abdomen - No evidence of any hyperdense structure (foreign body) noted in stomach , bowel loops . Vessel wall calcification noted as described previously.

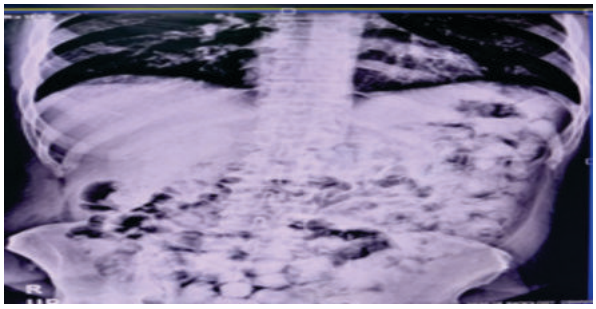

Figure 2 : X-ray Erect abdomen on Day 2 of admission.

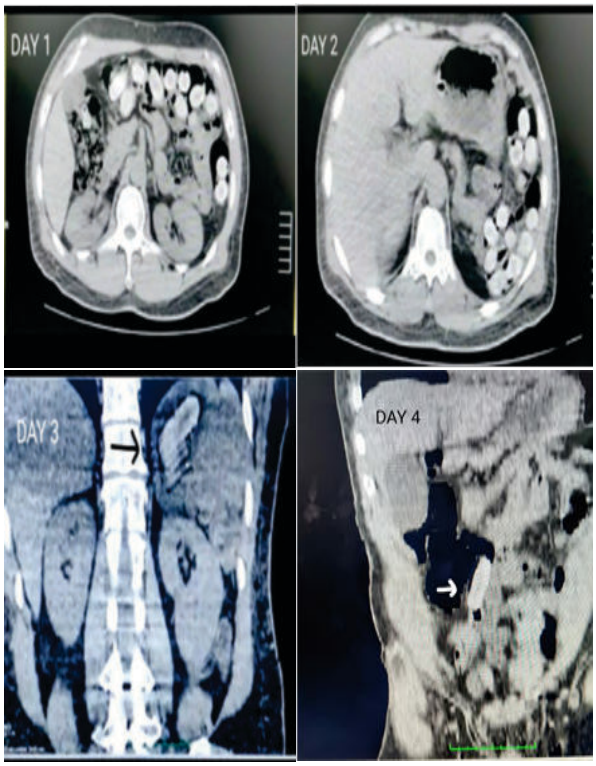

Figure 3 : CT Scan Images depicting the contraband substance packets in bowel loops.

DISCUSSION :

Ingestion of illicit drug packets has increased worldwide , and become a growing challenge for the physician and surgeon. The initial step in the management is to establish the presence of drugs in the body. Use of noninvasive , rapid and widely available tests is plain X-ray , with accuracy of 40-90% [6]. As there are newer packaging methods and masking techniques , CT has become a more accurate diagnostic modality in detecting the drug packets.

On plain radiographs , multiple opacities are seen and signs like tic tac sign (multiple spherical or cylindrical shaped packages all through the abdomen) are noticed. It should be noted that before the packet ruptures , it may start to leak , so the symptoms related to drug intoxication should be aggressively looked for , in the assessment of the patient.

Intoxication by Cocaine and Heroin may be fatal. Symptoms and signs of Cocaine intoxication include euphoria , disorientation , behavioral changes , nausea , vomitings , tachycardia , hypertension , hypotension , dilated pupils , seizures , coma and death. Heroin is well absorbed from GIT and the symptoms include nausea , vomiting , constipation , respiratory depression , coma and death.The toxic dose of Heroin is 200mg but addicts may be able to tolerate upto 10 times of this does.The constipation effect of Heroin intoxication is important as the leakage will lengthen the Bowel transit time increasing the obstruction and toxicity of the drug[8].

History taking should include symptoms of acute intestinal obstruction , type and quantity of drug , and the type of packaging should be asked for as these are important in subsequent management.

Physical examination should include , specific examination for concealed packets in rectum and vagina , and signs of previous drug abuse.The management of the patient differs when the patient is asymptomatic and when he presents with symptoms of acute intestinal obstruction.

Patients presented with acute intestinal obstruction should be treated with emergency laparotomy to remove the obstructing package. Obstruction has been described at gastroesophageal (GE) junction [9] , pylorus , ileocaecal valve and colonic flexures [10,11]. In the presence of multiple packages , the number of enterotomies should be limited and they should be removed by milking of the bowel. Endoscopy may be used to confirm the diagnosis but should not be attempted for removal , as the drug packets can rupture [12].

Initially for the patients early laparotomy was considered [12] , but recently a more conservative approach has been recommended [10]. As most of the patients pass the drug packets per rectum, spontaneously within 30 hrs. Stimulant laxatives can precipitate intestinal obstruction and should be avoided. Oral liquid paraffin and Arachis oil should not be used as they also cause deterioration of latex rubber in the package of the drug [13]. The patients should be monitored closely in an intensive care unit which allows a quick response in case of complications or deterioration .

The carriage of drugs by concealment in the gastrointestinal tract has become an increasingly popular method of smuggling drugs. A period of conservative management is appropriate in the majority of patients and surgical management should be reserved for the failure of the packet progression or sign of packet degeneration or drug toxicity.

The present case emphasizes the safety of conservative management of body packers.

CONCLUSION :

Cases of body packers have been on the rise in recent times and pose a challenge for both the physician and surgeon. Approach in management of such cases is varied and tailored as per the experience of the treating doctor.

The present case shows the success in conservative approach in a stable patient with no symptoms of substance leak or toxicity. However , active surgical intervention is needed when there is gastrointestinal obstruction or leak from the contraband substance packets.

REFERENCES :

1. Lopez,H.H.Jr,Goldman,S.M.,Liberman,I.I.&Barnes,D.T.Cannabis-accidentalperoralintoxication:thehashishsmugglerroentgenographicallyunmasked.JAMA1974,227:1041-1042
2. Dassel,P.M.&Punjabi,E.Ingestedmarihuanafilledbal-loons.Gastro-enterology1979,76:166-169.
3. Vowels,M.&Harvey,P.Ingestionofhashishoilfilledcondoms. Med J Aust 1980, 2: 509-510.
4. F. Berger, K. Nieboer, G. Goh, A. Pinto, and M. Scaglione, "Body packing: a review of general background, clinical and imaging aspects," La radiologia medica, vol. 120, no. 1, pp. 118–132, 2014.
5. Markovits N, Kurnik D, Halkin H, Guranda L, Cohen A, Katz M, et al. "Body packers" in Israel: a case series. Isr Med Assoc. 2013;15(10):639–645.
6. Pinto A, Reginelli A, Pinto F, Sica G, Scaglione M, Beger FH, et al. Radiological and practical aspects of body packing. Br J Radiol. 2014;87(1036):1–8.
7. Deitel M, Syed AK. Intestinal obstruction by an unusual foreign body. Can Mad Assoc J.

1973;109(3):211–212.
8. Shields LB, Rolf CM, Hunsaker JC. Sudden death due to acute cocaine toxicity-excited delirium in a Body Packer. Forensic Sci Int. 2009 Sep 21;190(1-3):e13–9.
9. Dunne , J.W. Drug smuggling by internal bodily concealment. Med J Aust 1980, 2 : 436-439.
10. Caruana , D.S.Weinbach , D.Gorge , D.Gardner , L.B. Cocaine packet ingestion. Ann intern med 1984 , 100 : 73-74
11. McCarron , M.M.Wood , J.D. The cocaine body packer syndrome - diagnosis and treatment. JAMA 1983,250 : 1417-1420.
12. Suarez , C.A.Arango , A.& Lester , III , J.L.Cocaine condom ingestion : surgical treatment.JAMA 1977 , 238 : 1391-1392.
13. White, N., Taylor , K., Lyszkowski, A., Tullett, J. & Morris, C. Dangers of lubricants used with condoms. Nature 1988, 335 :19.