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Case Report

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A Case Report on Unsual Foreign Body in Rectum

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ABSTRACT

We present a case report of unusual foreign body (FB) which was retrieved successfully with help of peglec (laxative,purgative). Our patient presented to ER with history of retained foreign body after self insertion for sexual pleasure Patient was then evaluated and foreign body retrieved.

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Introduction

Rectal FBs are not uncommon presentation in emergency department worldwide and FB s of various sizes and shapes have been reported. Rectal FBs commonly are introduced through the anus .However sometimes a foreign body may be swallowed, pass through the digestive tract and get held up in rectum. Presentation is almost always delayed because of embarrassment [1-10].

Case Report

A 40 years old male patient came to emergency department with complaints of retained foreign body after self insertion of a glass bottle in to the anus .Similar history was there in past. no active complaints (pain abdomen/bleeding per rectum)on presentation. Vital signs were normal .abdomen was soft. Per rectal examination was postponed.

With suspicion of bowel perforation ,X ray was requested it showed large foreign body ,no signs of perforation, later Ct abdomen was requested it showed foreign body with hyperdense rim is noted in rectum and distal sigmoid colon with no internal content measuring approximately 23*5.6 cms.

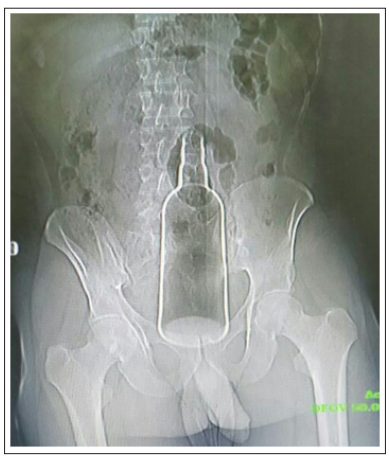

Figure 1: Xray Erect Abdomen

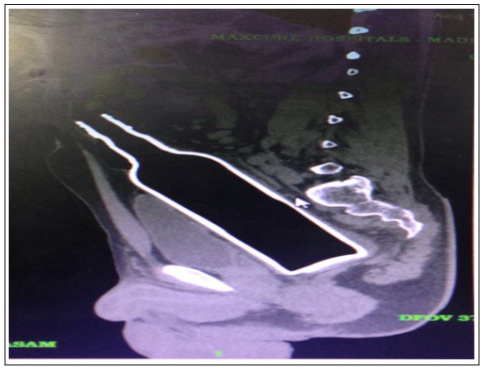

Figure 2: CT Abdomen Showing-Foreign Body

After a valid consent , patient was given a trail by peglec after 2 hours foreign body was found to be present at anal opening ,later with support and gentle trans anal pressure foreign body retrieved. Post removal per rectal examination did not reveal any colorectal injury. Post removal recovery was uneventful without any peri anal infection or anal incontinence.

Figure 3: Extracted Fb

Discussion

Foreign bodies of rectum are known for its complications and present as challenge in clinical diagnosis and management. Incidence varies from place to place ,more commonly seen in Eastern Europe and uncommon in Asia [11-13].

The variety of FB removed from rectum defies our imagination ,the objects ranging from didoes,vibrators,bulbs,beer bottles,broken rectal thermometer,broken enema catheter etc.,

Abdominal and rectal pains, bleeding per rectum are the common presenting symptoms. Per rectal examination is the cornerstone in the diagnosis, but should be performed after X-ray abdomen to prevent accidental injury to surgeon from sharp objects.

Management of FB depends upon 1) Location – below or above pelvic brim 2)Type-rounded/sharp 3)impacted/non impacted 4) Perforation. There are different procedures to manage different FB according to which category the FB belongs.

First step in management of FB is thorough radiological examination of the patient. firstly a plain xray abdomen erect should be done to rule out any perforation and obstruction which are common complications of FB in rectum. It also gives us the tentative position of the object , if above the sacral curvature considered as high lying [14,15].

A CECT abdomen will give us more detailed view of position of FB. It also evaluates the complications like perforation, obstruction and impaction. It gives us detailed image of rectal wall to rule out mucosal edema and lacerations. It helps to choose the best and least invasive method of extraction [16].

Majority of cases can be treated by trans anal retrieval if failed always examine under anesthesia and go for above and below combined approach generally in impacted, above/below pelvic brim FB. In non impacted FB after giving laxatives colonoscopy extraction is done which yields 90% success rates if failed can go for examination under anesthesia and extraction [17, 18].

Laparotomy is only required in impacted foreign body or with perforation peritonitis. Even with laparotomy the aim is trans anal removal and closure of perforation with diversion colostomy. Post retrieval colonoscopy is mandatory to ule out colorectal injury [19].

Conclusion

Peglec (oral preparation –laxative, purgative)usually used in bowel cleansing prior to colonoscopy, preparation for colorectal surgery can be given a trial in non impacted ,round FB under continuous monitoring and emergency operation theatre back up but no supportive literature is present .As it is an non invasive procedure it can be given a trial to avoid surgery associated complications. Not recommended in impacted, sharp FBs and in delayed presentations.

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