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Accidental introduction of large foreign body in the rectum: Case report

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Abstract:

Intentional or unintentional insertion of a rectal foreign body (FB) is not uncommon and often poses serious challenge to the clinician. FB can be inserted in rectum for various purposes; sexual perversion is the most common. Diagnosis of rectal foreign bodies is usually made by history, digital examination of the rectum, sigmoidoscopy and roentgenography. Majority (90%) of the cases are treated by transanal retrieval. Laparotomy is only required in impacted foreign body and or with perforation peritonitis. We are reporting an unusual circumstance, purely accidental trans-anal introduction of a large metal glass into the rectum and review of literature in brief.

Keywords:

Foreign Body, Rectum, Trans-Anal, Hemorrhoids and Retrieval.

Introduction

Rectal FB's are not uncommon in emergency department worldwide and FB's of various sizes and shapes have been reported in literature. [1] There are four circumstances under which a foreign body is usually introduced into the anus: 1) diagnostic or therapeutic instrumentation, 2) self-administered treatment, 3) criminal assault and 4) autoeroticism. [2] Accidental insertion of large FB in rectum is unusual.

Case Report

A 52 years old male patient referred from a private clinic to our hospital with alleged history of accidental introduction of a foreign body in rectum. Patient had history of prolapsed hemorrhoids on irregular treatment and would manually reposition the prolapsed hemorrhoids. On this day, 8 hours ago he went to defecate, and as the hemorrhoids were prolapsed, he tried to manual reposition but failed. After multiple unsuccessful attempts, he got irritated and used a household utensil, stainless steel glass, to reduce the prolapsed hemorrhoids. He put the glass on floor with open end facing downwards and sat down on the glass, suddenly his foot slipped and he fell on the glass pushing it up into rectum. When he failed to remove glass from rectum, his family took him to a private clinic, where an attempt of foreign body removal was tried under sedation but they failed and patient was referred to our hospital. In our hospital, we examined the patient and put him on intravenous fluids and advised nil per mouth. His past, family and personal history were evaluated but no history of perverted tendencies was found. His old treatment record showed irregular treatment for hemorrhoids. On examination his vitals were stable, abdomen distended but non-tender except deep tenderness in pelvis. No sign of peritonitis was present. On per rectal examination anal sphincter was closed with increased tone and margins of glass were palpable. Baseline investigations and X-ray abdomen (both AP and Lateral view) were done. X rays showed foreign body in rectum with the bottom of glass cephalad [Figure 1]. After valid consent, patient was shifted to operating room for trial of manual extraction of FB under general anesthesia. With patient in lithotomy position, anal dilatation was done and an attempt to retrieve

FB was made with help of two assistant and by using retractors and graspers. Initial attempt to grasp the glass was difficult due to bleeding hemorrhoids. With the help of two assistants, with one helping in retraction of anal canal and second applying pressure over abdomen in downward and backward direction, glass was retrieved by gentle traction trans-anally [Figure 2]. Post removal per rectal examination and sigmoidoscopy did not reveal any colorectal injury except for some minor anal tears, bleeding, and hemorrhoids. Hemorrhoids were transfixed at base and anal canal was packed. Anal pickings were removed on next morning and post- operative period was uneventful.

Discussion

Foreign bodies of rectum are known for its complications and present as a challenge in clinical diagnosis and management. [3] Incidence varies from place to place, more commonly seen in Eastern Europe and uncommon in Asia. [4-6] Males are commonly affected and are seen in all age groups. The highest incidence occurs in homosexuals, lesbians and masochists. [7] Most such cases are seen as a result of erotic activity, wherein objects ranging from dildoes and vibrators to large objects like bulbs, bananas,[2] wooden rectal dilators, cucumbers,[8] beer bottles, etc. have been seen. Other causes for insertion are diagnostic or therapeutic reasons (examples would be a broken rectal thermometer and broken enema, catheter tips), self administered (self treatment of anorectal disease and drug smuggling) and criminal assault. [3] Accidental introduction of large foreign body in rectum is unusual.[7] Our case belongs to accidental group based on history, clinical examination, nature of FB and his old treatment records.

Abdominal and rectal pains, bleeding per rectum are the common presenting symptoms. Per rectal examination is the cornerstone in the diagnosis, but it should be performed after X-ray abdomen to prevent accidental injury to the surgeon from sharp objects. [3] Diagnosis of rectal

foreign bodies is usually made by history, digital examination of the rectum, lower gastro-intestine tract endoscopy and roentgenography. [9] Treatment of foreign bodies of the rectum and colon involves the removal of the foreign body. The majority of these foreign bodies may be removed through the anus, the smaller ones spontaneously or by finger extraction. Certain principles for removal of foreign bodies in the rectum by way of the anus have been evolved: [2]

1) Anesthesia should be used to obtain maximum anal sphincter dilatation.

2) Gentleness is required to prevent perforation of the rectum or colon.

3) Cathartics should not be used.

4) Bottles, tumblers, glasses, cups may have the open end directed cephalad, thereby producing a vacuum when an attempt is made to pull the foreign body through the anus. This vacuum may be abolished by threading a catheter through the anus to a point above the foreign body.

5) When manipulating the foreign body from below, great care must be exercised to prevent it from slipping to a higher, more cephalad level. If the foreign body is large, an assistant may hold it in place by pressure or by grasping it through the abdominal wall.

6) Every means for removing the foreign body by way of the anus must be exhausted before consideration is given to removal by laparotomy and colotomy, unless definite evidence of perforation exists[7]. If the foreign body has perforated the Colon, the tear must be repaired surgically as soon as possible. Antibiotics in large doses are recommended. Oral feedings should be withheld until the patient passes flatus spontaneously. A temporary proximal diverting colostomy may be indicated. During this time the patient should be maintained on parenteral fluids and supportive measures. [7] We managed our case by transanal retrieval of FB.

Summary

A case of accidental introduction of a large foreign body in rectum is presented. Foreign bodies in the rectum and their treatment are discussed.

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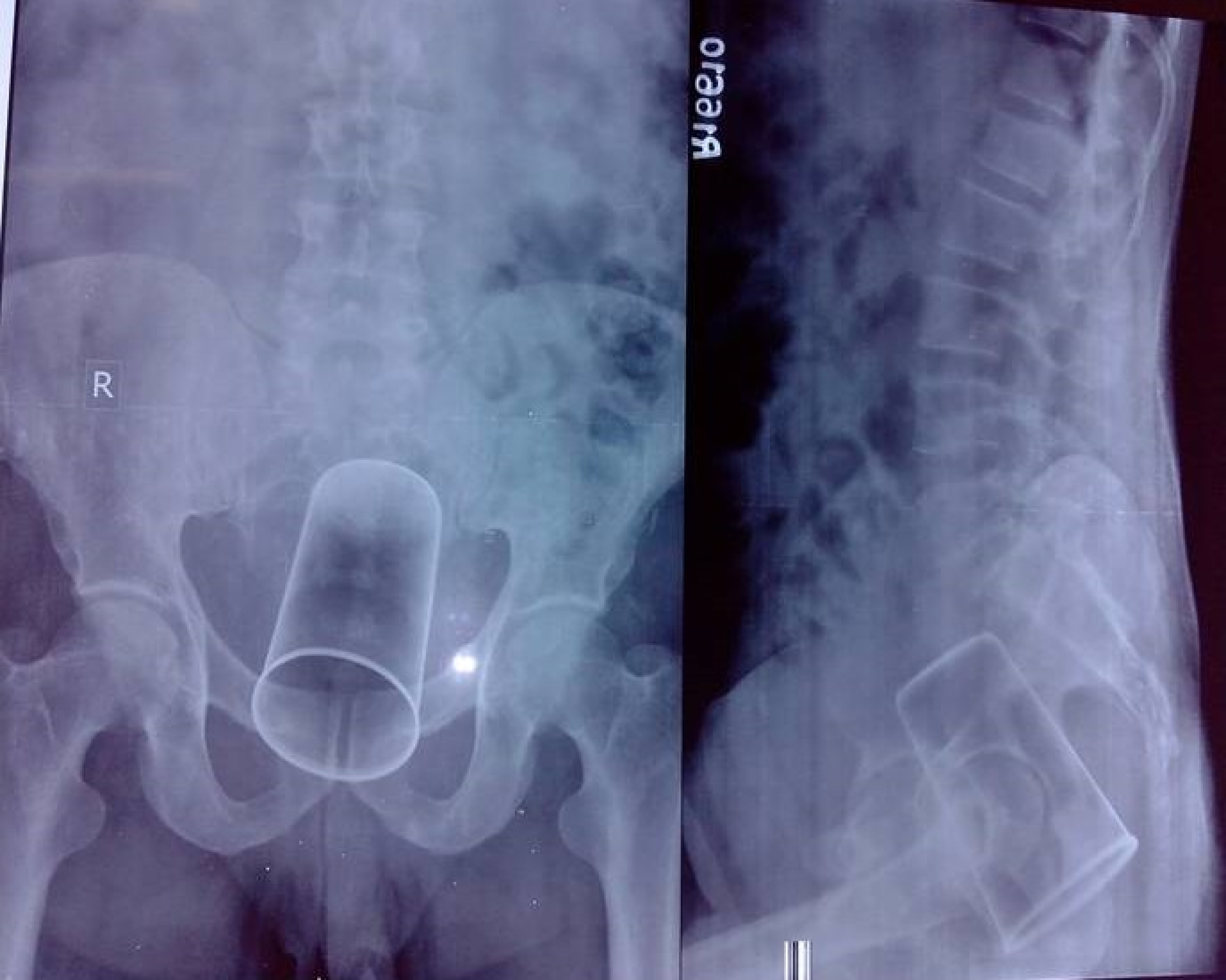
Legends:

Figure 1: x ray abdomen (AP and Lateral view) showing metal glass in rectum.

Figure 2: showing metal glass retrieve from rectum.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