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Foreign Body in Rectum: A Rare Case Report

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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Case Study

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ABSTRACT

Rectal foreign body is a rare clinical entity. Approach includes a careful history and examination to rule out peritonitis and removal by conservative or operative approach. Most commonly bottles and glasses found. Other objects include toothbrushes, deodorant bottles, food articles, knives, cell phones, flash lights, ornaments, etc. Reasons for insertion include autoeroticism, concealment, attention seeking behaviour, accidental, assault and to alleviate constipation.

Case Report: A 41 years old male came to emergency with complaint of pain per rectum from a bottle he had inserted in his rectum 10 hours prior to presentation. Multiple attempts to remove it at home failed. On examination abdomen was soft, non-tender, non-distended. An abdomen xray showed a large bottle shaped object in pelvis. The foreign body was palpable in the rectum but due to it's shape, size and smooth surface it was impossible to retrieve it with simple manoeuvring even with simultaneous suprapubic pressure. All relevant investigations were done and patient was

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prepared for surgery. Exploratory laparotomy was done under spinal anaesthesia. Lower midline incision was given and bottle was pushed from above and taken out of anal canal. A glass bottle of size 11*5 cm was retrieved. Antibiotics and painkillers started. Patient recovered well and discharged on post op day 2.

Conclusion: Management of patients with rectal foreign bodies can be challenging. Even though the majority of cases can be successfully managed conservatively, the operative techniques might also be needed.

Keywords: Foreign body; rectum; peritonitis; glass bottle; laparotomy.

1. INTRODUCTION

"A foreign body in the rectum is a rare clinical entity. These foreign bodies can be classified under two major groups: the ones that are inserted from the anus and the ones that are swallowed and thereafter become stuck in the rectum. Rectal foreign bodies represent a challenging and unique field of colorectal trauma" [1].

"Rectal foreign bodies represent a challenging and unique field of colorectal trauma. The approach includes a careful history and physical examination, a high index of suspicion rectal foreign bodies for any evidence of perforation, a creative approach to nonoperative removal, and rectal trauma appropriate short-term follow-up to detect any delayed perforation" [2].

"The types of foreign bodies vary widely, as do the reasons for insertion. Objects encountered are most commonly household objects consisting of bottles and glasses (42.2%). Other objects include toothbrushes, deodorant bottles, food articles, knives, sports equipment's, cell phones, flashlights, wooden rods, broomsticks, sex toys, light bulbs, nails or other construction tools, ornaments and many more" [3]. "The reasons for insertion in decreasing order of frequency are autoeroticism, concealment, attention seeking behaviour, accidental, assault and to alleviate constipation. The motivation of foreign rectal body insertion is mostly sexual stimulation" [4]. "Some patients present immediately. Some patients may need more advanced approaches if bedside manual removal is unsuccessful. Assessment of the shape, size, nature, and location of the object through appropriate imaging is necessary" [5]. "At times manual extraction may be successful in the operation suite due to deeper sedation levels and relaxation of the sphincter. 55% of patients that have RFB proximal to sigmoid required operational intervention. Objects in the distal sigmoid colon may be removed with a flexible sigmoidoscope where the polypectomy snares can be wrapped around the object and air can be insufflated to break the seal. Another advantage of sigmoidoscopy is that the mucosa can be easily evaluated for injury after removal" [5].

"Another approach for RFB removal is a transanal minimally invasive surgical technique (TAMIS). A laparoscopic trocar is placed through the anus and hubbed to create a seal. The rectum can then by insufflated and laparoscopic graspers are used to grab the object" [5].

"A more invasive approach includes laparoscopy and laparotomy, where the object is milked towards the rectum for manual removal. If there is suspected perforation, a colostomy may be performed for transabdominal removal, and a Hartmann procedure with colostomy may be used for diversion depending on the severity of the patient's condition" [6].

2. CASE REPORT

A 41 years old male came to emergency with complaint of pain per rectum from a bottle he had inserted in his rectum 10 hours prior to presentation. Multiple attempts to remove it at home failed.

Detailed medical history of patient revealed that he had inserted a glass bottle into rectum for sexual satisfaction but he could not remove it.

On physical examination abdomen was soft, non-tender, non-distended, no features suggesting peritonitis. The foreign body was palpable in the rectum around 6cm proximal to anus. But due to it's shape, size and smooth surface it was impossible to retrieve it with simple manoeuvring even with simultaneous suprapubic pressure. An abdomen radiograph showed a large bottle shaped object in pelvis as shown in Fig. 1. All relevant investigations were done and patient was prepared for surgery. Exploratory laparotomy was done under spinal anaesthesia.

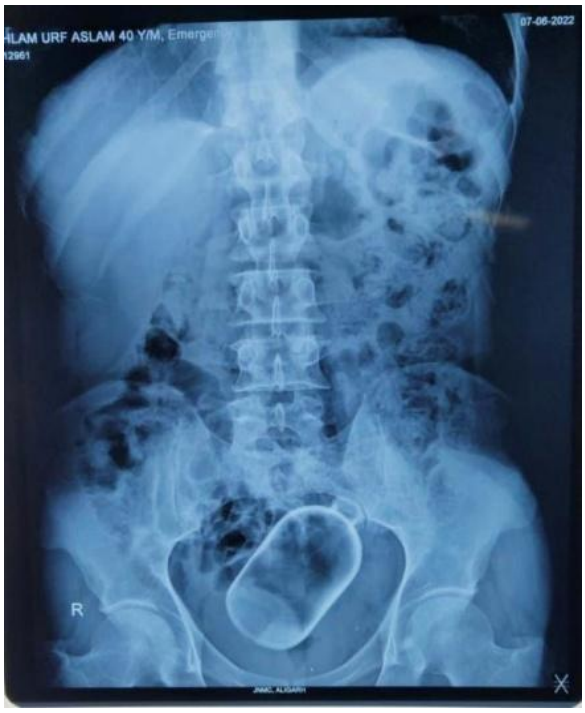

Fig. 1. Abdominal radiograph showing bottle shaped foreign body in pelvis

3. OPERATIVE FINDINGS

Exploratory laparotomy was done under spinal anaesthesia. Lower midline incision was given and bottle was pushed from above and taken out of anal canal. A glass bottle of size 11*5 cm was retrieved as shown in Fig. 2. No bowel or rectal perforation found. Abdomen was closed in layers. Antibiotics and painkillers started. Psychiatric consultation done prior to discharge. Patient recovered well and discharged on post op day 2.

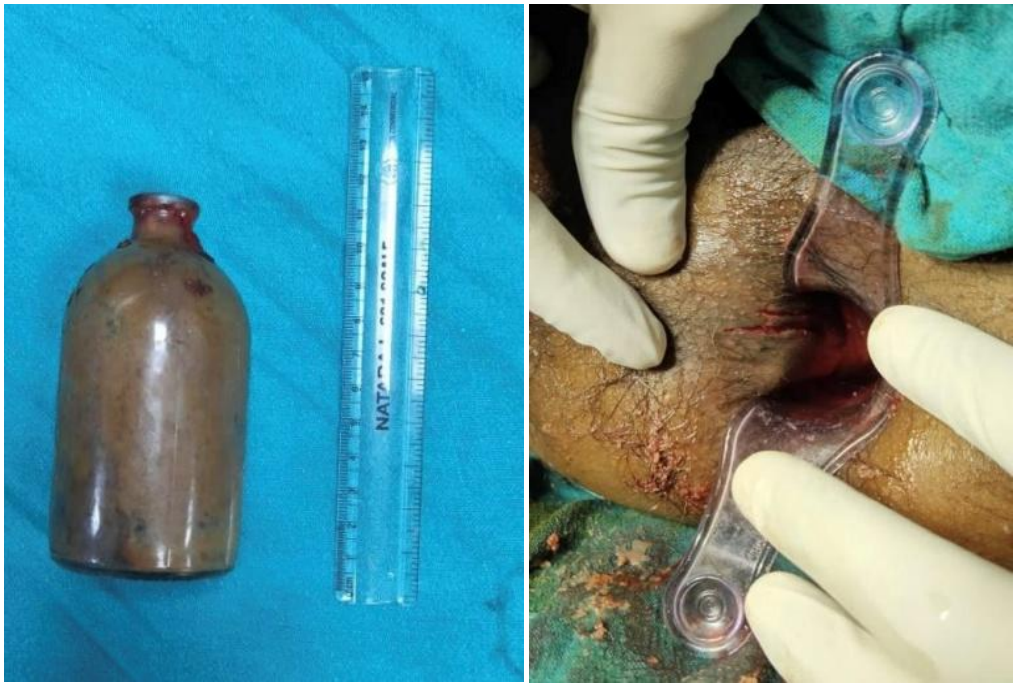

Fig. 2a and 2b. Per-op findings

4. DISCUSSION

"Rectal foreign bodies, even though rather infrequent, are no longer considered clinical oddities in urgent care facilities and emergency departments, and it appears that their incidence is increasing, specifically in urban populations" [7,8]. Although the medical literature is replete with numerous case reports and case series of rectal foreign bodies in patients of all ages, genders and ethnicities, the majority are male in their 3rd and 4th decades.

Management and treatment of patients who contact emergency services with intra rectal foreign body is truly very complex and challenging for surgeons. Generally, patient has inserted the object body into own rectum; rarely it may happen accidentally, or it may be the result of a criminal act. In the present case, patient had inserted foreign object into his rectum seeking sexual satisfaction.

"Review of literature provides descriptions of various methods to extract foreign objects. Principal methods have been performed under sedation or general anesthesia, and include manual transanal extraction, endoscopic transanal extraction using Kocher clamp, laparoscopic transanal extraction, and laparotomy through a single incision" [9].

5. CONCLUSION

Management of patients with rectal foreign bodies can be challenging. Even though the majority of cases can be successfully managed conservatively, the operative techniques might also be needed.

CONSENT

As per international standard or university standard, patient(s) written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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