



FOREIGN BODY IN RECTUM: A CASE REPORT

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INTRODUCTION

Foreign bodies in the rectum and colon are uncommon. These present a dilemma for management as the type of object, host anatomy, time from insertion, associated injuries and amount of local contamination may vary widely. There is usually delayed presentation after multiple attempts at removal of the foreign body by the patients themselves have proven unsuccessful.^[1]

Patients are usually reluctant to seek medical attention and do not provide complete detail about the incident which makes diagnosis difficult. In majority of the cases diagnosis is made by proper history and plain radiograph².

In this report we describe a case of a 63 year old male who presented with foreign body (beverage bottle) in the rectum and in whom per anal extraction was tried but failed and the patient underwent laparotomy.

CASE REPORT

A 63 year old male presented to the emergency department of BPKIHS, Dharan complaining of unable to pass stool and flatus since last 5 days. He gave history of inserting a beverage bottle per anal 5 days back under the influence of alcohol (as a part of a bet among his friends).

There was no history of pain abdomen, bleeding per rectum or vomiting.

On examination his vitals were stable, his abdomen was soft, non distended, non tender on palpation, without signs of peritonitis and bowel sounds were normal. On digital rectal examination, base of the glass bottle was felt 5cm from anal verge. X-ray of the lower abdomen revealed a beverage bottle shaped foreign body in the rectum (fig. 1).



Fig. 1

The patient was planned for rectal evaluation under anesthesia and removal of foreign body and shifted to operation theatre. Per rectal removal of the foreign body was tried under general anaesthesia in lithotomy position but was unsuccessful as the bottle was impacted in rectum and slippery due to mucus coating the bottle.

The bottle was retrieved from a lower midline laparotomy incision and sigmoidotomy (fig. 2 & 3). Primary repair of sigmoidotomy was done in two layers. Postremoval per rectal examination and proctoscopy did not reveal any colorectal injury.



Fig. 2



Fig. 3

The patient had uneventful hospital stay, orally allowed on 3rd post operative day and was discharged on 5th post operative day. Patient did not have anal incontinence or perianal infection post operatively.

DISCUSSION

Reports of foreign body within the rectum are uncommon in Asia, and the majority of cases are reported from Eastern Europe.^[3]

Males are commonly affected with foreign bodies commonly reported were plastic or glass bottles, cucumbers, carrots, wooden, or rubber objects.^[4]

Whether done for purposes of sexual gratification or not, voluntarily or accidentally, the reported incidence of rectal foreign bodies is rather rare. Pelvic or abdominal pain, bleeding per rectum, rectal mucous drainage, even incontinence or bowel obstruction can be the presenting symptoms.^[5] It is important to rule out signs and symptoms of peritonitis. A rectal examination should be performed, to assess the distance of the foreign body from the anal verge and to determine sphincter competency. It is uncommon for the sphincter to have been injured in cases of voluntary insertion.^[2]

Majority (90%) of the cases is treated by transanal retrieval. Abdominal manipulation and stabilization helps in retrieval when the bottle is slippery. Obstetric forceps or snares are only helpful in grasping the broad and slippery base with limited success. Colonoscopy removal is also reported with good success.^[6]

Laparotomy is only required in impacted foreign body and or with perforation peritonitis. Even with laparotomy, the aim is transanal removal and closure of perforation with diversion colostomy.

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