FOREIGN BODY RECTUM - A RARE CASE REPORT

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ABSTRACT: The foreign body rectum is a rare presentation. Most commonly it is related to mentally sick persons, sexual assault, accidental or sexual satisfaction. Case reports on rectal foreign bodies are available in the literature. Various types of foreign bodies are inserted usually plastic or glass bottles, household objects, rubber objects, candles etc Most patients are either mentally sick or intoxicated at the time of insertion, some are habitual for sexual gratification. Victims of sexual assault present with iron rods, sticks, or glass bottles. Foreign bodies in the rectum are also common among drug traffickers known as body packing. The patient may present with features of intestinal obstruction, peritonitis, severe perianal pain, and bleeding per rectum. The main diagnostic tool is the digital rectal examination which is carried out after proper abdomen imaging. X-rays abdomen and pelvis localize objects and in doubtful cases, CT scans/MRI may be required We managed a 60-year-old patient who presented with accidental insertion of the torch (foreign body) per anally one day before. We investigated the patient and the foreign body was removed anally by manual extraction under anesthesia successfully.

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INTRODUCTION

The foreign body rectum is a rare presentation. Most commonly it is related to mentally sick persons, sexual assault, accidental or sexual satisfaction. Commonly it is found in the 3rd and 4th decades of life. Treatment of foreign bodies in the rectum sometimes becomes challenging. Management depends on type, shape, size, and location.

CASE PRESENTATION

A 60-year-old patient presented in a surgical emergency with the complaint of perianal pain following the accidental insertion of a battery(torch) via the anus one day before. According to the patient, he fell in the washroom and the torch was penetrated accidentally. No history of passage of stools and flatus for one day. The patient was given a history of pain in the lower abdomen and rectal area. No history of bleeding per rectum. The patient attempted to remove it manually but it was uneventful. There was no history of medical comorbidities or psychiatric issues. On examination, the patient's behavior was looking normal. The abdomen was soft, and non-tender, nothing abnormal was palpable on deep palpation except mild tenderness in the left iliac fossa and suprapubic area. On digital rectal examination, the anal tone was markedly decreased and the hard foreign body was palpable 02 cm from the anal verge. The finger was stained with blood. An erect abdominal X-ray showed a foreign body resembling a torch. There was no evidence of free air (**Figure: -1**)

The patient was resuscitated, and investigated, consent was taken from the patient, and was shifted to the operation theatre. Under spinal anesthesia, the patient was placed in a lithotomy position and the foreign body was removed by manual extraction. (**Figure: -2**) The post-operative recovery was uneventful. The patient was started orally after 4 hours. The patient was discharged after 48 hours.

DISCUSSION

Case reports on rectal foreign bodies are available in the literature. Various types of foreign bodies are inserted usually plastic or glass bottles, household objects, rubber objects, candles etc (1). Most patients are either mentally sick or intoxicated at the time

of insertion, some are habitual for sexual gratification. Victims of sexual assault present with iron rods, sticks, or glass bottles. Foreign bodies in the rectum are also common among drug traffickers known as body packing. All types of foreign bodies are hazardous and may result in serious consequences. Our patient presented with accidental insertion of battery.

The patient may present with features of intestinal obstruction, peritonitis, severe perianal pain, and bleeding per rectum (5,6). Patient presentation is usually delayed and they perform multiple attempts of self-removal. Our patient presented with severe perianal pain because of the wider mouth of the battery, it lodged in the area of the anal sphincter (2).

The main diagnostic tool is the digital rectal examination which is carried out after proper abdomen imaging. X-rays abdomen and pelvis localize objects and in doubtful cases, CT scans/MRI may be required (8).

Such patients are managed in surgical emergencies (3). There are many techniques for the extraction of foreign bodies. Technique selection depends upon the size, shape, and location of foreign bodies. By transanal approach, approximately 60-75% of the rectal foreign bodies can be removed. If there are no clinical features of peritonitis and the foreign body is limited up to 10 cm of the anal verge then the transanal approach may be helpful (9,10). Sigmoidoscopic/ colonoscopy-guided removal may be carried out in some cases. Laparotomy is mandatory if the above-mentioned approaches for foreign body removal remain unsuccessful, or if features of peritonitis on presentation (7).

CONCLUSION

In rectal foreign bodies, early diagnosis and urgent treatment are mandatory. Appropriate imaging assessment of the object must be done. In Complicated cases or when manual extraction fails exploratory laparotomy is performed. Psychological evaluation of patients must be carried out to prevent future mishaps

CONFLICT OF INTEREST: No.

ETHICS STATEMENT: Ethical review and approval were exempted for case report.

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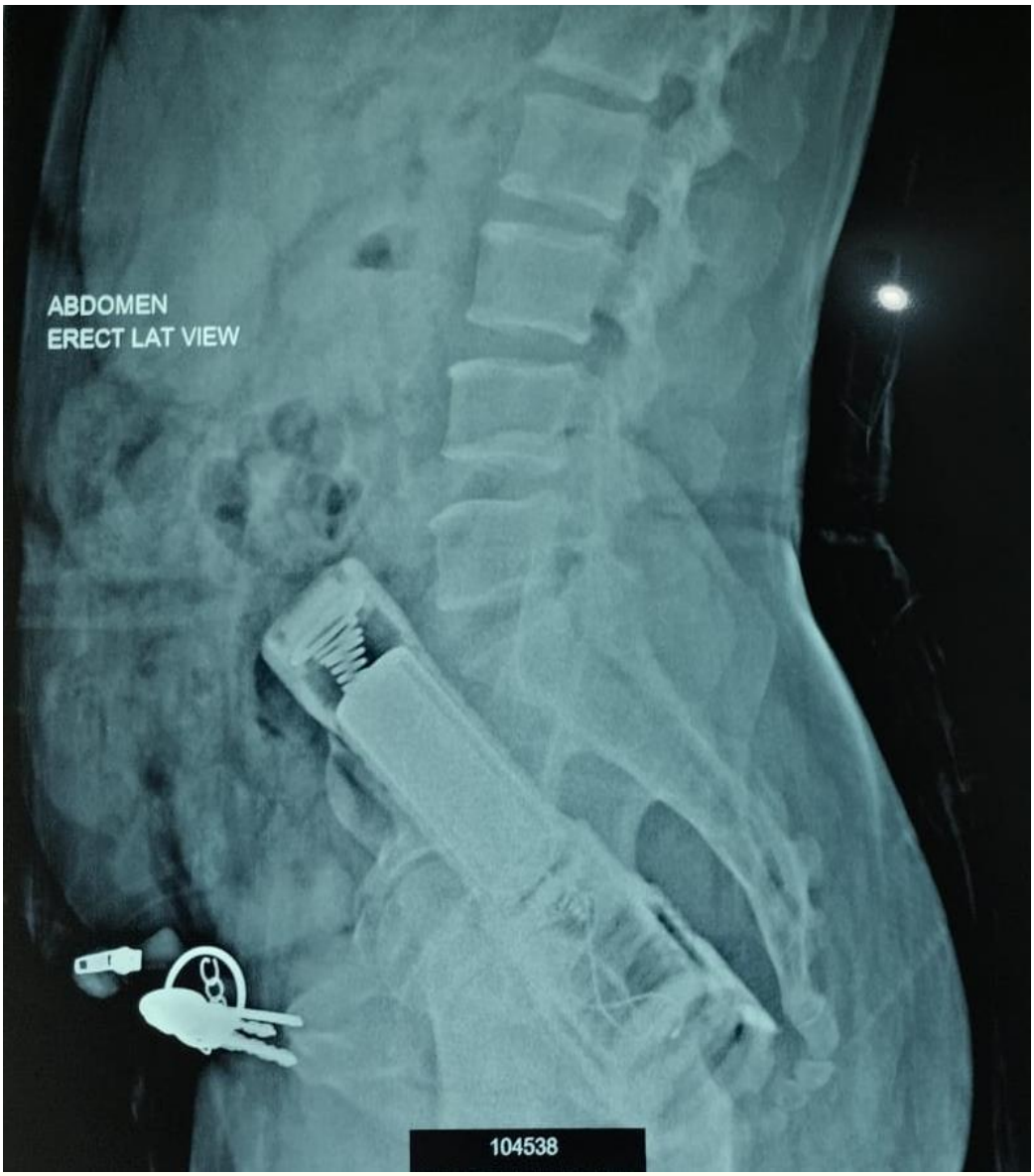

Figure:-1: X-ray abdomen erect- lateral.

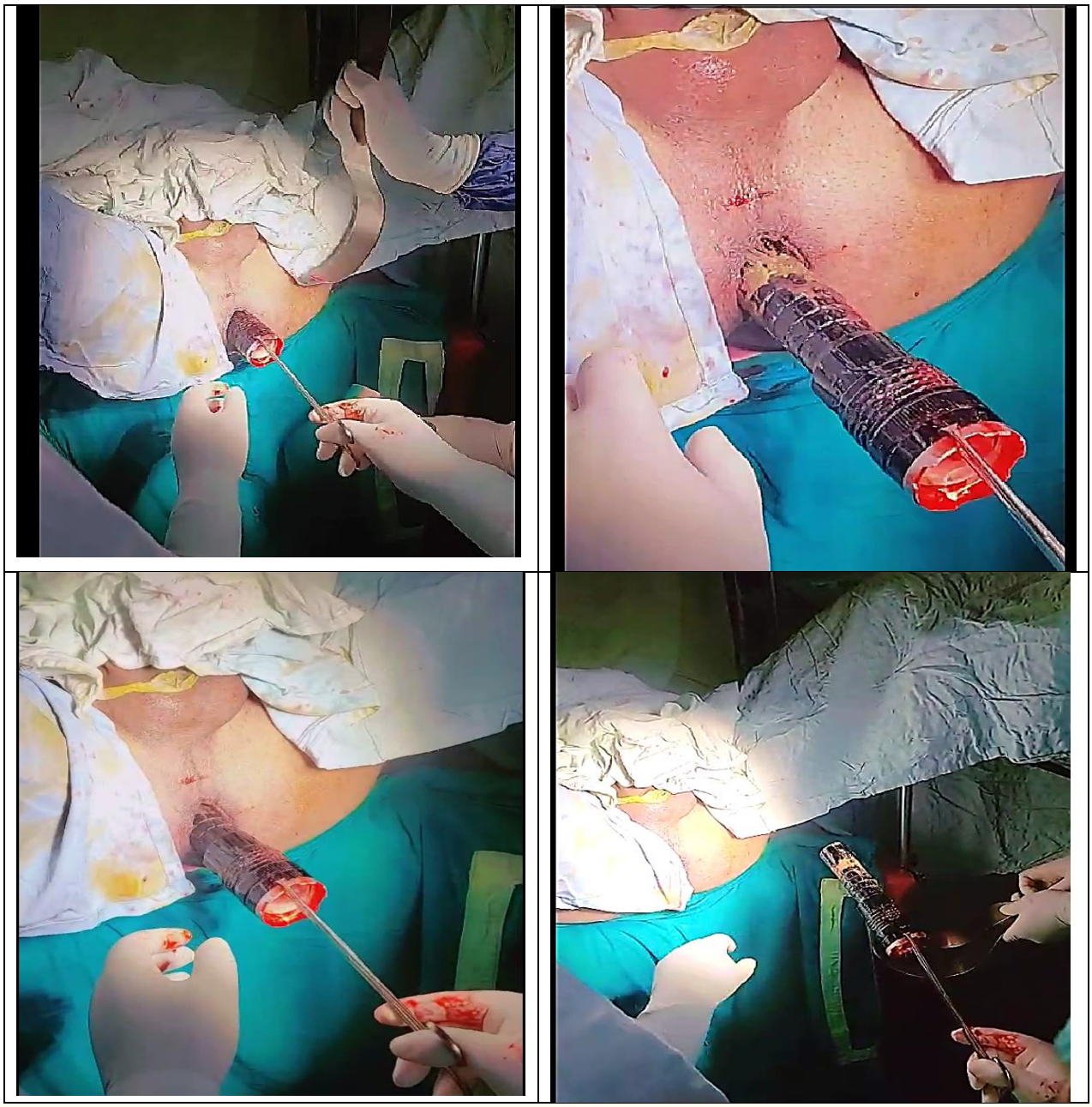

Figure :-2: Intra-operative pictorial evidence of foreign body removal.