

## CASE REPORT

### FORIEGN BODY IN RECTUM: AN UNUSUAL CASE

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Rectal Foreign bodies have been reported in literature since long. They are inserted as a result of erotic behaviour. Rectal foreign bodies may be inserted as a result of sexual perversion or for non-sexual reasons such as constipation, concealment or in psychiatric patients<sup>1</sup>. Their insertion may be voluntary or involuntary as in impalement. Usually patients are men in their 40's but it shows a bimodal distribution from teenage up to 80's or 90's. Presentation is usually late due to embarrassment. They can be diagnosed by simple plain radiographs and digital rectal examination. Most of times they can be extracted per rectally after analgesia or general anaesthesia with laparotomy required only for perforation and peritonitis. Here we report a case of a 50 years old man who presented with a steel rod in rectum which was pulled out per rectally.

**Keywords:** Rectum, Foreign body, rectal trauma, Impalement

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## INTRODUCTION

Rectal foreign bodies have been described in literature as long as sixteenth century.<sup>1</sup> They can be inserted for sexual or non-sexual reasons, trauma, assault, concealment, impalement or may be ingested to finally reach rectum.<sup>1</sup> Such case reports are rare in Asia and mostly reported in Eastern Europe. Males are commonly affected.<sup>2</sup> One of problems is delayed presentation and untruthfulness of patients due to embarrassment. However diagnosis can be done on simple radiographs and rectal examination with most of objects delivered per rectally.

## CASE REPORT

A 50 years old man presented to emergency with history of abdominal pain after self-insertion of foreign body in rectum which he has not been able to extract since 24 hrs. According to the patient he had constipation for which he tried to insert a steel rod but then he was unable to take it out. On presentation the patient had stable vitals and his abdomen was soft and non-tender.

On per rectal examination a cylindrical foreign body was felt at 7 cm from anal verge. It was not visible on proctoscopy. X-ray abdomen showed a cylindrical rod in the recto sigmoid area (Figure-1). The patient was given narcotic analgesic and the foreign body was extracted per rectally by two fingers (Figure-2). It was a cylindrical rod, 20 cm long and 5 cm in diameter. Proctoscopy did not show any mucosal tears. The patient remained vitally stable after extraction was discharged 24 hrs later with psychiatric consultation.

## DISCUSSION

Rectal foreign bodies, retained rectal objects or impalement denote various ways by which foreign bodies can get into the rectum. Rectal foreign bodies can be inserted voluntarily for sexual perversion, concealment by drug traffickers, psychiatric patients or involuntarily by trauma, assault, impalement

(punishment).<sup>1</sup> A wide variety of objects including rods, bulbs, bottles, sticks, vibrators, mobile phones, packages, carrots, onions or rubber tubing's may be inserted into rectum.<sup>1,2</sup> There is even a case report of insertion of frozen pig tail.<sup>3</sup> Males are commonly affected. Age distribution is bimodal<sup>2</sup> but usually these are men in their 40s.<sup>1,2</sup> In teenage due to erotic sexual behaviour and in elderly for constipation and prostatic massage.<sup>1</sup> Such patients present late and true history is often difficult to extract due to embarrassment and social reasons.

Diagnosis can be made by proper history, bimanual rectal examination, abdominal examination, procto-sigmoidoscopy and simple plain x-rays. Low lying objects can be reached manually but high lying objects need sigmoidoscopy. Usually such objects are radio-opaque and can be seen on plain abdominal films except rubber objects and packages. Chest radiograph is required to see pneumoperitoneum. Signs of peritonitis would require more workup.

Rectal foreign bodies can be extracted per rectally most of times. Low lying objects can be extracted manually under analgesia or with snares or obstetric forceps. Large objects would need general or spinal anaesthesia to relax sphincters.

High lying objects require sigmoidoscopy for visualization and removal. Sometimes foley can be inserted then balloon inflated and pulled down to bring foreign body down.<sup>4</sup> Post extraction sigmoidoscopy should be done to look for any mucosal tears. If there are signs of peritonitis then laparotomy is the only choice.

This case report also shows a middle aged man who has inserted a steel rod for relieving constipation which resulted in abdominal pain. It was delivered per rectally manually. There are reports of increased incidence<sup>5</sup> hence high index of suspicion should be maintained in patients with lower quadrant abdominal pain along with suspicious history.



Figure-1: X-ray abdomen showing a metallic rod



Figure-2: Extraction of foreign body per rectally

## CONCLUSION

Rectal Foreign bodies may present as diagnostic, management and post extraction care dilemma. Late presentation and wrong history may aggravate the problem hence high index of suspicion is needed.

Most of patients can be saved a laparotomy by per rectal extraction.

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