DOI: 10.4274/tjcd.05579
Turk J Colorectal Dis 2016;26:98-100

CASE REPORT

Rectal Foreign Bodies: Five Case Reports

Rektumda Yabancı Cisim: Beş Olgu Sunumu

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ABSTRACT

In the recent years, rectal foreign body cases are seen more commonly in the emergency services. Especially it is seen more often in middle aged men who have homosexual orientation. For these people medical history should be taken carefully and the treatment plan must be done accordingly. In this article we will present rectal foreign bodies in five cases admitted to the emergency service.

Keywords: Foreign bodies, rectum, surgery

ÖZ

Acil servislerde, son yıllarda rektumda yabancı cisim olgularına giderek daha sık rastlanmaya başlamıştır. Özellikle homoseksüel eğilimli orta yaş erkek olgularda daha sık görülmektedir. Bu kişilerde anamnez dikkatlice alınmalı ve tedavi planı ona göre yapılmalıdır. Bu makalemizde rektumda yabancı cisim ile acil servise başvuran beş olguyu sunacağız.

Anahtar Kelimeler: Yabancı cisim, rektum, cerrahi

Introduction

Rectal foreign body is a problem which is seen increasingly more frequent in general surgical emergency departments together with its rising complications.[1] The most frequently seen conditions for admittance to hospital with rectal foreign body are generally being elderly ones, mentally retarded individuals, rectal foreign body placed by people due to sexual fantasies, sexual abuse or assault; whereas very rarely it may be a foreign body taken orally but obstructing the rectum.[2,3] Although it is not reported as a frequent condition in the literature of our country during 1990s, currently it emerges more frequently in clinics and emergency departments nowadays.[4] In this article, we present five reported cases seen at emergency departments with rectal foreign body.

Case Reports

Case 1

A forty-nine year old male patient admitted the emergency service with a complaint of fullness sense in the rectum. According to the history of him, there had been fullness feeling in anorectal region for about 24 hours. When the anamnesis was detailed, the patient expressed that a soda bottle had entered into his anus one day ago and it has gone deeper while he has been trying to remove it out. During the physical examination by digital rectal examination, a palpable foreign body being 5 cm deep away from anal verge has been detected. No perforation sign was detected on direct graphy and the bottle was seen on the graphy (Figure 1). No pathology about any trauma of anal sphincter or perianal region was observed. Then, following a sedation (2 mg midazolam, 1.5 mg/kg meperidine) at emergency service, an anal bimanual manupilation has been applied to the patient and the foreign body was extracted by Allis penses, and the patient was observed for 24 hours in the service. No pathological condition happened so he was discharged.

Case 2

A sixty-one year old male patient with a complaint of pain around anal region radiating to groin has admitted to emergency service. The patient expressed that he had voluntarily implemented a special plastic sexual device into anal canal by himself and he couldn't have removed off. The foreign body was seen on direct X-ray and no perforation sign was observed (Figure 2). The foreign body couldn't

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Received/Geliş Tarihi: 19.06.2016 **Accepted/Kabul Tarihi:** 01.08.2016

have been palpated by digital rectal examination but it was seen by anoscope. Then, following a sedation (2 mg midazolam, 1.5 mg/kg meperidine) at emergency service, an anal bimanuel manupilation has been applied to the patient and the foreign body was extracted by Allis penses. No pathological condition happened so he was discharged.

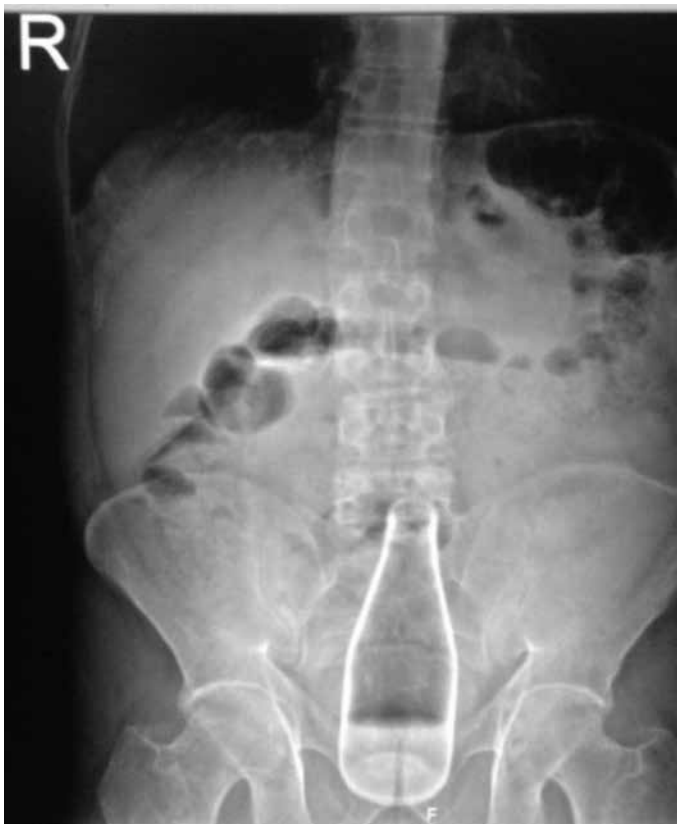

Figure 1. A bottle in rectum

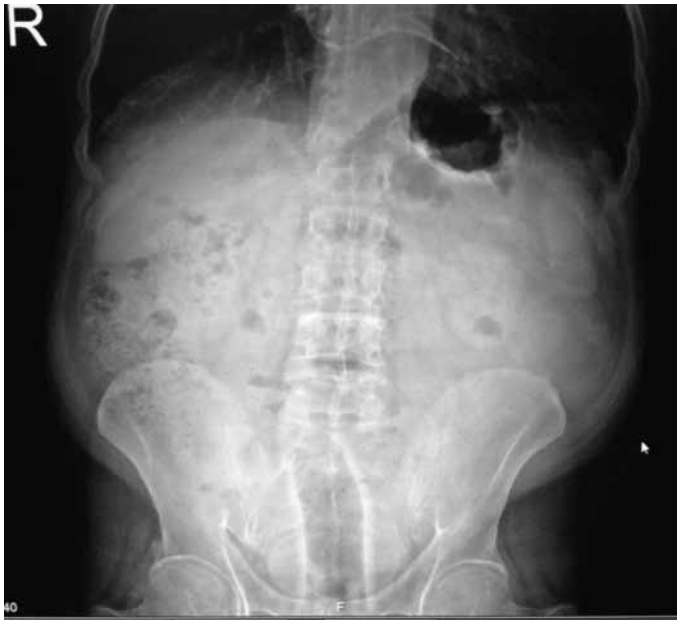

Figure 2. A sexual plastic device in rectum

Case 3

A fifty-five year old male patient was admitted to the general surgery clinic with a complaint of pain in anal region. He told that a deodorant bottle was accidently penetrated into his anal canal and although he pulled out the bottle, the cap of bottle had left inside for 2 days. In physical examination, no trauma sign was observed over the anal canal region or perineal region and no foreign body was palpated during the digital rectal examination. On direct X-ray, the foreign body was seen 7-8 cm far away from anal canal inside so it was decided to extract it in the surgical operation room. The condition was explained to the patients and a written consent was taken from him. Under the mask anaesthesia, anoscopy was applied at lithotomy position and the foreign body was removed by using Allis clamps. The patient was discharged after 24 hours.

Case 4

A sixty-two year old male patient admitted to emergency service with a complaint of fullness in anus. The patient told that he implemented a special sexual device into his anal canal about 6 hours ago and he failed to pull it out. In physical examination applied, the foreign body was palpated as 5 cm away from the anal verge and no perforation sign was detected on direct X-ray, so following the sedation (2 mg midazolam, 1.5 mg/kg meperidine) given at emergency service, bimanual manupilation was applied and the foreign body was pulled aout with Allis clamps. The patient was observed at the service and discharged because of seeing no pathological event.

Case 5

A fifty-eight year old male patient admitted to emergency service by telling that he had passed a foreign body into his anus by accident. When the anamnesis was taken more detailed, the patient recorded that he had penetrated a deodorant bottle into his anus 2-3 hours ago and couldn't have pulled out. In digital rectal examination, the deodorant bottle was palpated and no perforation sign was seen on direct X-ray. So under sedation (2 mg midazolam, 1.5 mg/kg meperidine) given to him; a bimanual manipulation was performed and while trying to pull out the bottle with Allis clamps, an opening of deodorant bottle has occurred and a severe pain has emerged because of the contact to anal mucosa. Therefore, the patient was transferred emergently to the surgical operation room. Following the general anaesthesia, the deodorant bottle was removed and the anal mucosa of the patient has been washed with saline solution and the process was completed. He was discharged on postoperative 2nd day with recommendations.

Discussion

Although the rectal foreign bodies in the literature of our country had been reported in less numbers in the

past 1990s, it was observed that they are more frequently seen and the number of such cases reported at emergency services increased in recent years.[4] Generally, these cases are over middle age and homosexual male individuals. The foreign body penetrated through anal canal due to a sexual fantasy remains rectum and because of the failure of pulling out becomes a reason for admittance to emergency service.[2] While the foreign bodies like vibrator, bottle, battery, cap, eggplant implemented in rectum through anal canal generally because of erotic purposes come across, also the foreign bodies like toothpick, needle, dental prothesis are rarely seen as rectal foreign bodies.[5] Similarly, our cases were mostly over middle age and it was observed that all of them had tendency to erotic purposes.

The most evident complaint of these patients are usually fullness and pain of anal region.[2,6] These complaints were present in all of our cases. A cautious approach must be performed for these cases admitting to emergency service and anamnesis should be taken in details. It must be kept in mind that digital rectal examination is the constant part of physical examination and if there is a foreign body, for the signs of perforation a direct X-ray graphy and if necessary further advanced imaging methods like computerized tomography should be considered. The location of the foreign body is so important that the treatment plan should be due to this location.[7] Especially the statements of the patient are very important considering that their first statements may be missing but when you provide confidence and get detailed anamnesis they would tell all the true information about foreign body in the rectum clearly. If possible, foreign body removal by anal dilatation under sedation should be tried.[8] Especially the sharp and perforator devices, glass materials in rectum require more caution and laparotomy should be considered by informing the patient in cases of being unable to remove the the foreign body through the anal canal.[2] If the foreign body is above the rectosigmoid junction or leads to perforation, then laparatomy and if necessary stoma should be applied.[9]

As a conclusion, rectal foreign body should be kept in mind in diagnosis of patients admitting to emergency service with a complaint fullness and pain around anal region and so a detailed anamnesis should be provided. When there is no sign of perforation and the foreign body is reachable, to remove it through the anal canal should be the first option to try, but if there is a perforation or complication (perforated cases, septic conditions, bad general condition etc.), then an operation at surgical operation room conditions should be applied and if required laparatomy or stoma methods should be performed.

Ethics

Informed Consent: It was taken.

Peer-review: Internal peer-reviewed.

Authorship Contributions

Surgical and Medical Practices: Eyüp Murat Yılmaz, Erdem Barış Cartı, Concept: Eyüp Murat Yılmaz, Erdem Barış Cartı, Design: Eyüp Murat Yılmaz, Data Collection or Processing: Eyüp Murat Yılmaz, Erdem Barış Cartı, Analysis or Interpretation: Eyüp Murat Yılmaz, Erdem Barış Cartı, Literature Search: Eyüp Murat Yılmaz, Writing: Eyüp Murat Yılmaz.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study received no financial support.

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