



A Case Report on Large Impacted Metallic Rectal Foreign Body and its Removal

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INTRODUCTION

Foreign bodies are most commonly encountered in the upper gastrointestinal system, while occurrences in the lower gastrointestinal system or rectum are exceedingly rare. These objects may be inadvertently inserted into the rectum, used for sexual gratification, or inserted with intent to harm. Challenges in treatment arise due to patient embarrassment and difficulty in obtaining comprehensive medical histories (1,2). A variety of foreign objects, including sharp instruments capable of causing damage to the rectum, colon, or other internal organs, may be found in the rectum (2).

Removing intrarectal foreign objects presents a complex challenge for surgeons. It requires an emergency procedure to locate and extract the object, which can entail significant risks (3). Herein we are reporting a case of 48-year male with a rectal foreign body and its management.

CASE PRESENTATION

A 48-year male, with no medical comorbidity, came to our emergency surgery department with chief complains of abdominal pain and bleeding per rectum post accidental insertion of a foreign body in rectum. Patient was not taking any medications and there was no history of surgery in past.

On physical examinations, patient was hemodynamically stable with normal vitals. Complete blood counts (CBC) and biochemical parameters were all within normal range.

On abdominal examination, it was distended, non-tender, soft.

On digital rectal examination, a large glass like metallic object was felt about 5 to 6cms above anal verge, not moving down. Finger was stained with blood mixed with stools. However, no active bleeding was noticed.

On proctoscopy examination, above findings were confirmed.

Standard abdominal radiography was done for the differentials and it showed a large glass like foreign body in rectum (fig 1 and 2). However, there was no evidence of free gas or air fluid levels.

Patient was taken to emergency operation theatre and examination under anesthesia was performed. After dilatation of anal canal, rectal foreign body could not be removed as it was impacted. On table decision to proceed to exploratory laparotomy was made. Lower midline incision was made and on reaching general peritoneal cavity, foreign body was palpated in rectum. All attempts to push the foreign body down failed and colotomy was performed. Foreign body was retrieved (fig 3 to 5). Primary closure of the colotomy was done and loop sigmoid colostomy was performed. There was no evidence of any intra-abdominal collection or any gut perforation. Incision was closed and all post operative events were normal. Psychiatric consultation of the patient was done.

PHOTOGRAPHS AND RADIOGRAPHY



Fig1 and 2: x-ray abdomen pelvis showing a large foreign body in rectum



Fig 3 and 4: intraoperative pictures of foreign body inside rectum

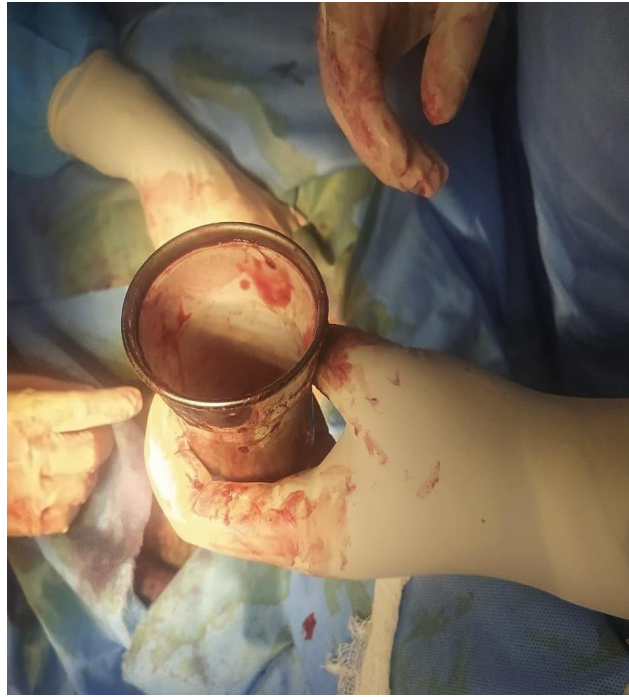


Fig 5: intraoperative picture showing metallic foreign body after removal

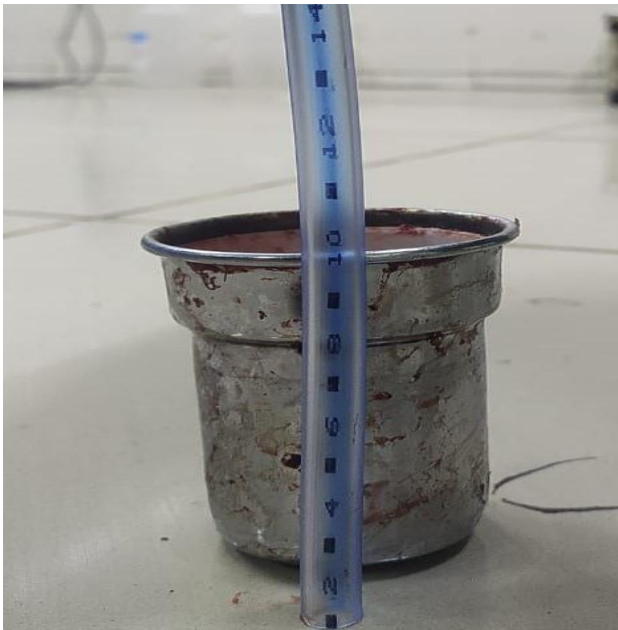


Fig 6 and 7: measurement of length and breadth (9.5cm x 6cm)

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