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Five years with a rectal foreign body: A case report

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ABSTRACT

INTRODUCTION: Rectal foreign bodies are rare colorectal emergencies. They are important for the complications that may occur. Delayed response causes a wide range of complications or may even result in death.
PRESENTATION OF CASE: A 22 years old male patient was seen at our hospital with anal pain, discharge, and complaining of incontinence. The patient stated that a bottle of beverage was placed into his anal canal in an inverted manner for sexual satisfaction 5 years previously.
DISCUSSION: After clinical and radiological assessment under general anaesthesia in the lithotomy position the object was removed by a laparotomy. He was advised to seek legal help and he received psychiatric treatment in the postoperative period prior to his discharge.
CONCLUSION: Complications such as abscess, perianal fistula complicated by severe pelvic sepsis and osteomyelitis were expected complications in this case. As in this case, a surgical approach may eliminate dissection planes, increasing morbidity and mortality related to the injuring of surrounding bodies during object extraction.

1. Introduction

Though anorectal foreign body cases are rare, they have become increasingly frequent in recent years. These occurrences cause serious complications and permanent damage and thus should be immediately treated with operations.[1–3] Research on adolescent groups has demonstrated that cases of sexual abuses of adolescents are increasing, and considering the permanent damage, both physical and psychological, caused to this age group, this subject should be particularly investigated.[4] This case report concerns a 22 years old male who came to the General Surgery Department 5 years after a foreign object was inserted into his rectum when he was 17.

2. Case

A 22 years old male patient was admitted to Dokuz Eylul University Faculty of Medicine Department of General Surgery with complaints of rectal pain, drainage and incontinence. In the patient's history, it was stated that someone penetrated a glass bottle reversely into his rectal channel for sexual satisfaction, and the edge of the bottle was subsequently broken. The patient was admitted 5 years after the incident. On physical examination, the abdomen was relaxed and no tenderness and no rebound were detected. On digital rectal examination, a perianal fistula was observed and severe reduction in anal sphincter tone was found. The lower part of the object was palpable in rectal touch. The patient was suffering overflow incontinence. After examination, broad-spectrum antibiotic therapy and psychiatric treatment were started. After proficient forensic medical evaluation, the legal process was initiated for the patient.

A foreign object was observed at the beginning of the upper-middle region of the rectum and extending to the anal verge, and its open edge was directed to the bottom, and its base was proximal, on standing. Abdominal X-ray was performed to confirm the diagnosis and to determine the level of the position and location of the foreign object (Fig. 1). According to abdominal computerized tomography, a foreign object had been placed through the anus right down post-laterally from the left upper anterior on the coronal plane, and the object continued to the anorectic junction and was partially distal in the rectum (Fig. 2). It was observed that the sharp and broken half of the bottle exceeded the rectum wall and continued to the perirectal soft tissue, particularly eroding the

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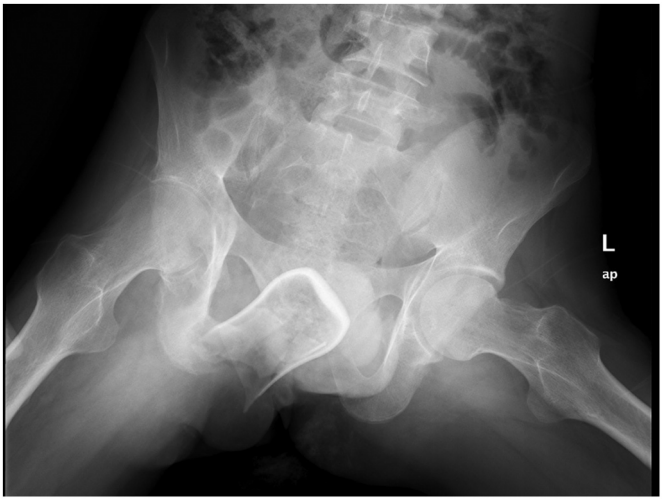

Fig. 1. Pelvic X-ray, foreign body in pelvis.

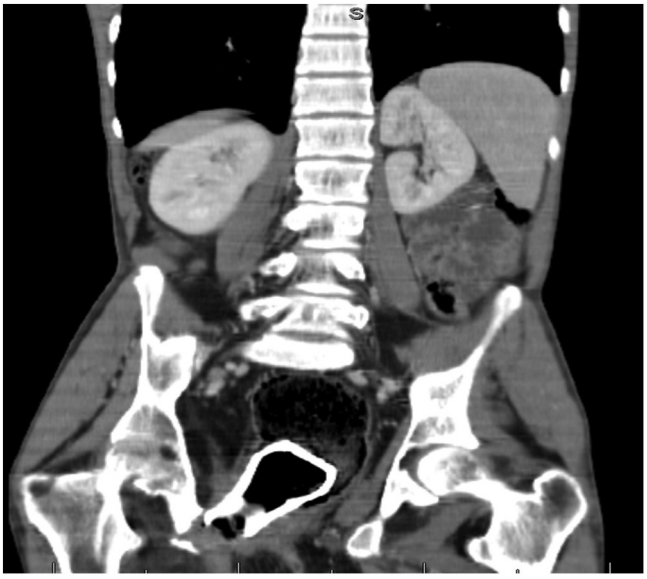

Fig. 2. Abdominal CT, the foreign body relationship with pelvic bone structure.

inferior ischium bone. This erosion reached 80–90% of the thickness of the bone, particularly on the ischio-pubic junction region (Fig. 2). The backside of the sharpened part of the bottle continued to the gluteus medius muscle. There were diffused inflammatory changes in the perirectal areas that the foreign object reached (Fig. 3). On the right side posterior, on the coccyx level, two different fistula tracts through the skin were observed. Lower extremity muscles on the right displayed fatty degeneration from lack of use (Fig. 3).

After preparation for surgery, the patient was taken to the operation in a lithotomic position under general anaesthesia. Orthopaedic physicians were informed before the operation. The patient was opened from the abdomen via an umbilical median incision, and then the recto-sigmoid junction was dissected and end colostomy from sigmoid colon was prepared. The dissection of the rectum posterior was highly difficult. The anatomical dissection planes of the zone were deteriorated and covered by excessive fibrosis. After rectum mobilisation was partially suspended, the foreign body was reached with long Allis forceps from the anal region. The foreign object had a partial break during the removal. During the operation, the bottom and side walls of the object were removed intact from the anal canal. After washing, a passer

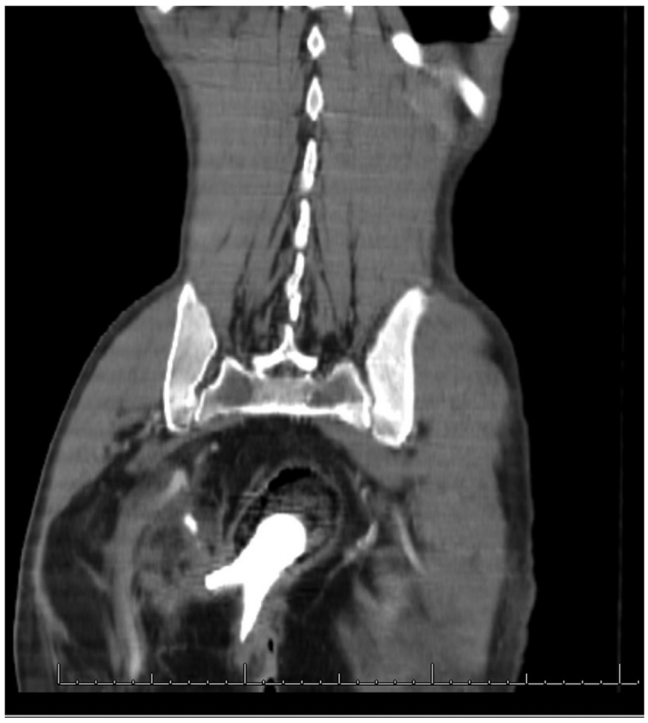

Fig. 3. Foreign body and pelvic diffused inflammatory changes.

catheter was placed into the rectum. The operation was ended after end colostomy. The passer catheter placed into the rectum was removed on the 5th day of postoperative follow-up. The patient was discharged a week after the controls. For follow-up controls, after receiving the opinion of the patient the stoma was not enclosed because of the loss of anal sphincter tone. Thus, the fistulas were decreased and withered away.

3. Discussion

Anorectal foreign objects are rare cases in emergency services. They mostly appear to involve 30–40-years-old patients, with two-thirds being males.[1,2] Anorectal foreign objects are generally things made from plastic, aluminium or glass bottles, eggplant, carrot or wood. These objects may be used erotically or for diagnosis and treatment purposes (Table 1).[3] Foreign objects in the rectum can be of different sizes, and the larger ones may cause more complications. Therefore, these cases must be handled as complicated cases and must be considered in terms of a systemic treatment approach and not as cases needing local treatment.[5] Treatment of psychiatric and forensic reviews should not be neglected after application of the patients.[3,4,6] Systemic antibiotic therapy should be applied with tetanus prophylaxis, while preventing the possible complications, and if there are complications, they should be treated.

Because of the shame of the situation, patients usually refrain from consulting a doctor. Abdominal pain, rectal pain and bleeding are common symptoms.[6] Some of the patients consult doctors for perforation, sepsis or bleeding resulting from trying to remove the object themselves.[6]

Table 1
Kinds of rectal foreign objects.

1. Erotical purposes: bottle, vibrator, eggplant, battery, spool, etc.
2. Diagnosis and treatment purposes: thermometer, irrigation catheter, etc.
3. Taken by mouth and left in rectum: dental prostheses, chicken bones, toothpicks, pins, etc.
4. Sexual violence incidents and accidents: sexual abuse
5. Those who passes to rectum through adjacent tissues and organs