

## REMOVAL OF FOREIGN BODY IMPACTED IN RECTUM – A CASE REPORT

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### ABSTRACT

An unusual case is reported here in which a smooth metal cup stuck up-side-down in the inflamed rectum of a young man for three days was successfully removed after bending the cup to dis-impact it. The patient had consulted multiple hospitals but was refused treatment. He had a lax anal sphincter but the rim of the cup was impacted into the inflamed rectal wall. Bi-valved vaginal speculum and Deaver retractor were used to dis-impact the rim on three sides. A strong artery forceps was used to twist the fourth side inwards thus freeing the edge and to slide the cup out of the anal orifice. This technique is suitable for metallic foreign bodies with a large diameter impacted in the rectum.

**Keywords:** Foreign bodies, Intestinal obstruction, Rectum.

### INTRODUCTION

The impacted foreign bodies (FB) in rectum pose an infrequent and tricky clinical problem<sup>1</sup>. Majority of objects are inserted by patients themselves. There is severe embarrassment and the patient may not give a true history<sup>2</sup>. The objective of this case report is to present an unusual case with respect to the delay resulting from refusal of multiple health institutes to give treatment.

### CASE REPORT

A 24 year old male reported in Surgical OPD of Forward Treatment Centre, Lipa, Azad Kashmir, on 19 Apr 2012. He had a foreign body impacted in his rectum for past three days. He had visited two other hospitals but returned because he was ridiculed.

Abdominal examination was unremarkable. Digital rectal examination and proctoscopy revealed a metallic cup without handle in lower rectum approximately 6 cm from the anal verge. The base of the cup was cephalad and the rim faced the anal orifice. The rim had a diameter of 7.5 cm and its edges were impacted in inflamed rectal mucosa. Abdominal radiograph showed an up-side-down cup impacted in lower rectum (Fig-1).

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Initial attempt to remove the cup without anesthesia was unsuccessful due to pain. The patient was admitted, placed nil-by-mouth, and given intra-venous antibiotics and analgesics. Foley catheter was passed to empty the bladder. Sub-arachnoid block with sedation was



**Figure-1: Pelvic radiograph showing position of cup.**



**Figure-2: Vaginal speculum and deaver retractor used for extraction of cup.**

established. Patient was placed in lithotomy position. The anal sphincter tone was lax and a

Cusco's bi-valved vaginal speculum could be passed easily. The two blades of the speculum were passed over the cup. A Deaver abdominal retractor was straightened and placed on the third side. On the fourth side no retractor could be passed since the rim of the cup was pressed against the inflamed rectal wall. A strong artery forceps was used to grip the fourth edge and twist it inwards so that the impacted rim was freed from the rectal wall and overall circumference of the rim was reduced. The same forceps was then used to slide the cup out of the anal orifice (fig-2). Proctoscopy showed superficial mucosal lacerations of rectal wall. The patient made a smooth recovery and was discharged after 48 hours.

### DISCUSSION

The age distribution of impacted rectal foreign bodies is bimodal, with peaks in the 20s and 60s<sup>3</sup>. Presentation is delayed because of embarrassment. Digital rectal examination and

radiographic evaluation are performed. Equipment used for removal of a rectal foreign body may vary, depending on shape of the object<sup>4</sup>. Some patients may require laparotomy<sup>5</sup>. Patient's privacy and respect must be maintained. Sympathetic history-taking and gentle handling of the impacted object is the key to effective management of impacted anorectal foreign bodies.

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