

# Foreign body rectum

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## Abstract

A variety of foreign bodies in the rectum have been reported. Some have been taken orally whereas others inserted per anum. A case is reported where one of the longest and perhaps the only one which got up to splenic flexure without perforating the rectum and colon, was removed (JPMA 35.: 1985).

## Case

A 35 year old male presented in emergency with a complaint, that accidentally he had swallowed a wooden stick. However on further questioning he did admit that he had been using it per rectum for pleasure. According to patient, about 24 hours ago, while 'playing' with the stick he lost control of the end, he was holding and the stick slipped in.

In the emergency room the patient was not in pain. On examination of the abdomen, a wooden stick could be felt extending from the pelvis to the left hypochondrium. No sign of peritonitis was present. On rectal examination, the lower end of the stick, could just be-reached.



Fig. 1 Plain X-ray of abdomen showing radio lucent shadow.

### **Operation**

An attempt was made to remove the foreign body per rectum under general anaesthesia but it was not successful.

Laparotomy was carried out through a left paramedian incision. A wooden stick was found whose upper end had reached the splenic flexure after having intusused the sigmoid colon into the descending colon.

The stick was pushed down and delivered per rectum. It measured 27.5 cm (Fig. 2)

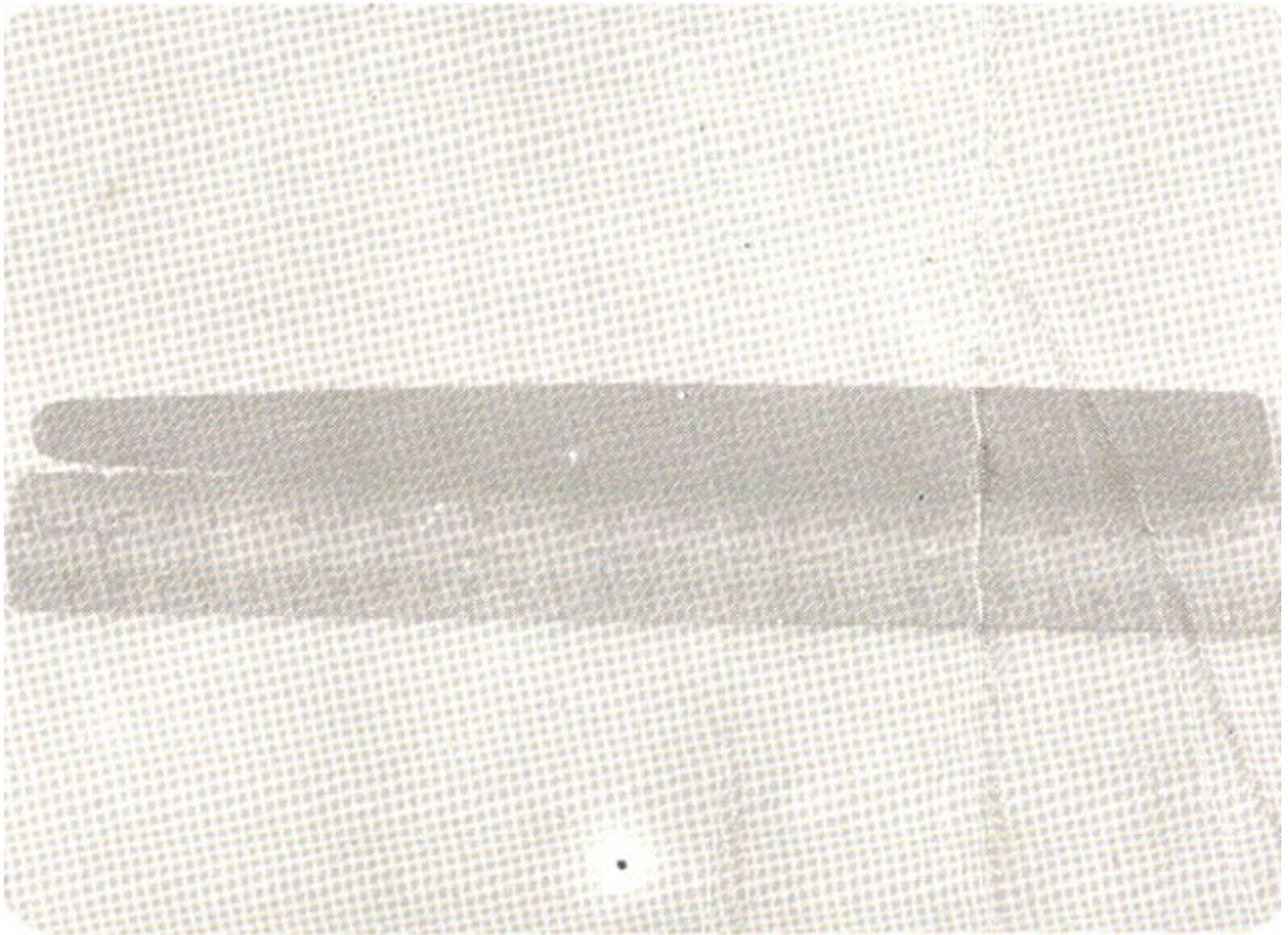


Fig. 2 Stick measuring 27.5 cm removed from the rectum.

Post operatively the patient made a satisfactory recovery. He was discharged and referred for psychiatric consultation.

### **Discussion**

A variety of foreign bodies in the rectum have been reported. They either get impacted after ingestion<sup>1</sup> or are inserted per anum accidentally or intentionally<sup>2</sup>. In this case a wooden stick was being used for pleasure purposes per rectum. Very ingenious and original methods have been used by surgeons dealing with these foreign bodies<sup>3</sup>. However, removal of these foreign bodies should initially be attempted per anum under general anaesthesia. In case of any difficulty a combined approach - 'abdomino-anal', may be helpful. Colostomy may occasionally be required.

### **References**

1. Turell, R. Diseases of the colon and anorectum. Philadelphia Saunders, 1959 p. 351
2. Bailey, H. Emergency surgery. 9th ed. Bristol, wright, 1972, p. 665.
3. Shepherd, J. A. Surgery of the acute abdomen. 2nd ed. Edinburgh, Livingtone, 1968; p. 340.