CASE REPORT

AN UNUSUAL RECTAL FOREIGN BODY: SUCCESSFULLY REMOVED BY USING A FOLEY CATHETER

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ABSTRACT

Foreign bodies in the rectum is a well described phenomenon that most commonly seen in association with anal eroticism. Patients may be admitted only with rectal pain or bleeding without any history of rectal insertion. We describe a single 25 years-old man with a rectal foreign body at 20cm of anal wedge which presented only as a rectal bleeding with constipation. Foley catheter number 20 was passed through the anal canal behind the foreign body and the balloon was inflated. After firmly traction, anal dilatation was done and the foreign body was safely extracted with the aid of ring forceps through the anus without any complications.

KEYWORDS: Foreign bodies; Rectum; Foley catheter; Extraction methods.

This article may be cited as: Shiryazdi SM, Jabbari L. An unusual rectal foreign body: successfully removed by using a foley catheter. Gomal J Med Sci 2016; 14: 120-1.

INTRODUCTION

Different types of foreign bodies introduced into the rectum for various reasons that the most frequent form of introduction is through the anal passage for erotic purposes [1]. Patients with rectal foreign bodies are usually aware of their presence and often present requesting removal.

Sometimes they may be too embarrassed to mention the foreign body at triage, but usually admit the etiology to the physician. Rarely the patient will not volunteer that any object has been inserted and may present only with constipation, rectal pain or bleeding. In this situation it is difficult to obtain a satisfactory history about their condition. This maintains a high suspicion index of rectal foreign body in psychiatric patients or prisoners who present with rectal pain or bleeding [2]. Here, we present our recent experience with a rectal foreign body, which presented only as a rectal bleeding with constipation.

CASE REPORT

A single 25 year old man presented to a gastroenterologist complaining rectal bleeding with constipation. On examination that obviously was not in distress; blood pressure, pulse rate, respiratory rate and temperature were within normal range. There was mild tenderness in the lower proportion of the abdomen. On inspection of his anus some mucosal bleeding was seen, but no foreign body was evident on rectal examination.

The patient subsequently underwent the fibrotic colonoscopy; the colonoscopy didn't pass over 20 centimeter of anal wedge. After consultation with surgery service, the patient underwent a rigid rectosigmoidoscopy under general anesthesia. At 20 centimeter of anal wedge a large impacted foreign

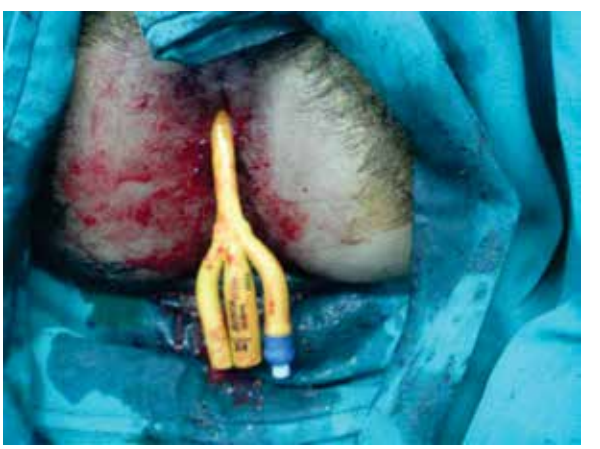

Figure 1: Removal of a rectal foreign body by using a Foley catheter passed through a rigid sigmoidoscope

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Date Submitted: 5-1-2016

Date Accepted: 21-06-2016

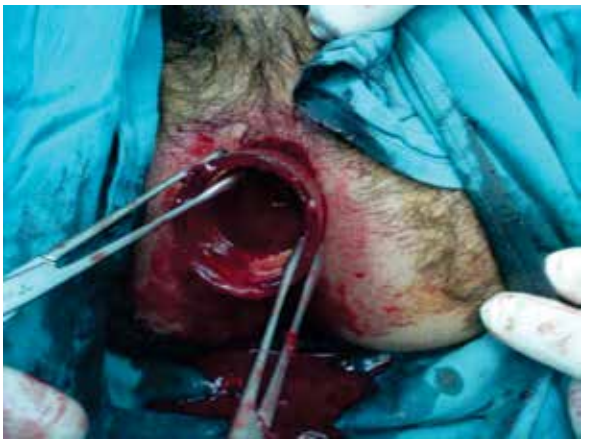

Figure 2: Removal of cap shape foreign body using by ring forceps.

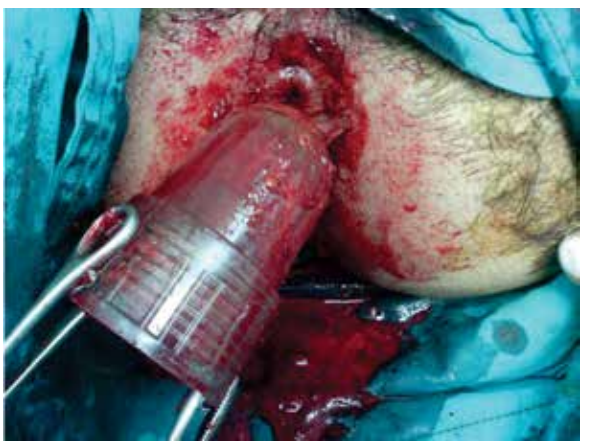

Figure 3: Removal of cap shape foreign body using by ring forceps.

body was seen.

An attempt to remove the foreign body with forceps was unsuccessful and it had to be extracted by applying Foley catheter (Fig. 1). A Foley catheter number 20 was passed through the anal behind the foreign body and the balloon was inflated. After firmly traction, anal dilatation was done and the cap shape foreign body which measured 10.15cm in diameter was safely extracted with the aid of ring forceps through the anus (Fig. 2, 3). Finally the rigid sigmoidoscopy was repeated and there was no evidence of laceration or perforation. Patient observed for 24 hours after removal.

DISCUSSION

Anorectal foreign body is no longer a medical oddity, rather it is encountered frequently.[3].

Patients presenting with rectal foreign bodies are predominantly men, usually in their fourth or fifth decade of life [4]; while the women are more likely to have vaginal foreign bodies [5].

The vast majority of objects are inserted by self introduction in children or psychiatric patients, in victim of assault and as a result of sexual gratification. Iatrogenic foreign bodies include thermometers, enema tips and catheters. The objects placed as a result of assault, trauma or eroticism consist of a diverse collection including sex toys (dildos), tools and instruments, bottles, cans, jars, pipes and tubing, fruits and vegetables, stones, light bulbs and flash lights [6].

Psychiatric patients may introduce foreign body without apparent reason. Often it is difficult to obtain a reliable history and in spite of the foreign body insertion and patient's complaint on admission may be just rectal bleeding, anorectal pain as illustrated in this patient [2].

Patients usually admitted between 6 to 48 hours after transanal insertion and between 48 hours to 3 months above 10 cm (high lying) may require anesthesia, endoscopy or a laparotomy for retrieval[7]. Numerous instruments have been used to assist extraction, including obstetric forceps, tenaculum, ring forceps, vacuum extractors, Foley catheters and even a Sengstaken-Blackmore tube[8]. The balloon of Foley catheter can be inflated with 30-35 cc of normal saline and gently pulled back to bring the object down to the rectum to be retrieved. In our patient, the foreign body was high lying; but first the patient was taken to transanal removal by Foley catheter, under general anesthesia that it was done successfully.

In conclusion this study indicate that Foley catheter could be a useful method for the removal of certain types of rectal foreign bodies and could help avoid unnecessary surgical operation like laparotomy.

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CONFLICT OF INTEREST
Authors declare no conflict of interest.
GRANT SUPPORT AND FINANCIAL DISCLOSURE
None declared.