ORIGINAL ARTICLE

Unusual Foreign Body in the Sigmoid Colon Leading to Perforation Peritonitis

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ABSTRACT

Encountering a foreign body in the lower gastrointestinal tract (GIT) is not common in general surgical practice, let alone coming across a case with a complication due to a foreign body. The usual challenge in these cases is to make a prompt diagnosis and expedite the management of the patient before the development of complications. This case report aims to highlight the unusualness of this diagnosis and the problem in managing these patients.

Keywords: Foreign body, Sigmoid colon, Perforation, Polyembolokoilamania

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INTRODUCTION:

Cases of foreign bodies introduced per rectally requiring medical attention have been increasing since they were first reported a century earlier. A myriad of objects, from food items to daily use objects to sex toys, has been reported. Most of the objects are inserted rectally but in some cases, objects swallowed can also obstruct the rectum. Treatment of such patients involves physical and psychological aspects to prevent a recurrence.

Case Report

An 18-years young male patient presented to emergency with complaints of pain in the lower left abdomen for 3 days, bleeding per-rectum for 2 days, and non-passage of flatus and stool for 1 day. There was no history of trauma or such complaints in the past and no history of psychiatric illness. Physical examination revealed tachycardia with signs of peritonitis. Both perineal and digital rectal examination is normal. X-ray abdomen showed free air under the right dome of the diaphragm with suspicion of a foreign body (Figure 1). Surgery was done under GA with epidural anesthesia. A midline laparotomy was done and 500 mL of feculent fluid was drained. A 1 x 1 cm perforation was present on the antimesenteric border of the sigmoid colon along with a foreign body which was retrieved via the perforation site by enlarging it (Figures 2 and 3). The perforation site was exteriorized as a loop colostomy. The foreign body retrieved was a plastic bottle. In the postoperative period, during a discussion about the foreign body, which was retrieved intraoperatively, The patient confessed that it went inside when he used it for sexual pleasure. The patient was orally allowed on day 2 and was discharged on day 4 after taking a psychiatric consultation. After six weeks, stoma reversal was done without any complications.

DISCUSSION

The foreign body within the sigmoid colon is uncommon. Males are more commonly affected and there is a bimodal age distribution. In young patients, reasons include sexual gratification, trauma, and polyembolokoilamania, a disorder characterized by inserting a foreign body into the rectum or

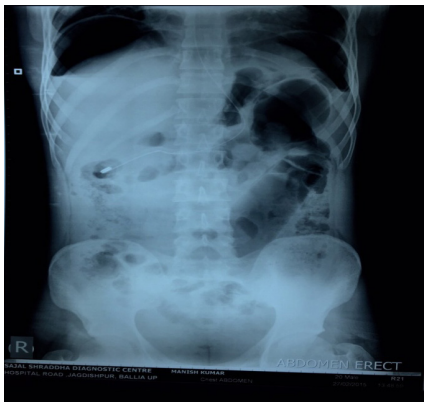

Figure 1: X-ray abdomen showing free gas under the right dome of the diaphragm.

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vagina while in old patients, the reasons are prostatic massage, self-treatment of constipation, prolapsed hemorrhoid, etc.[1-3] Delayed presentation and incorrect history increase the chances of the developing patient complications. This can change the management from trans-anal to laparotomy, thus increasing further hospital costs. In emergency conditions, X-ray and ultrasound are useful adjuncts to make a preoperative diagnosis of a foreign object as in our case there was a suspicion of a foreign body and free air under the right dome of the diaphragm. CT scan of the abdomen, including the pelvis may be warranted when perforation is suspected.[4]

An appropriate management approach is required depending on the patient's condition. Nonsurgical methods are preferred as they are less invasive; they include using scopes, obstetric forceps, foleys catheters, etc.[5] If the patient is hemodynamically stable, then spinal anesthesia can be used to relax the sphincter and retrieve the object transanally. Surgical approaches include both laparoscopic and open methods depending upon the patient's condition and the surgeon's expertise. Our patient presented late and also didn't give any history of inserting foreign objects in the rectum, which signifies the shame and taboo associated with worsening patient condition. The delayed presentation also signifies that the patient has consumed all means of removing objects at his disposal, which can sometimes worsen the condition. Psychiatric evaluation in these patients is prudent with patients undergoing proper counselling and treatment.[1,2]

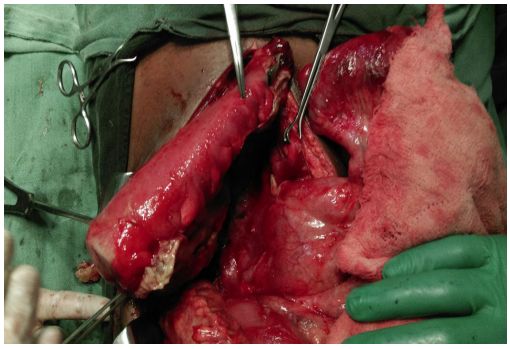

Figure 2: A foreign body present in the sigmoid colon.

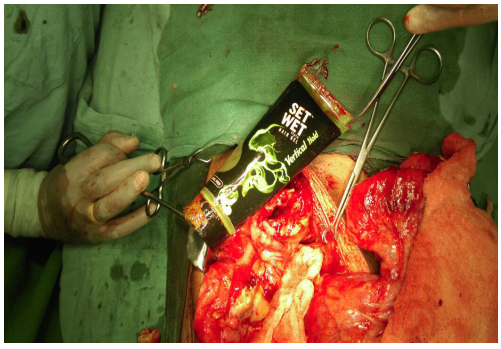

Figure 3: The retrieved foreign body along with perforation present in the sigmoid colon.

CONCLUSION

The diagnosis of a foreign body should be considered in a young patient having pain in the left lower abdomen with recent onset bleeding P/R without any trauma and suspicious radiological report who present with acute abdomen. Physicians should understand the various methods at their disposal and approach patients with a sympathetic attitude.

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