SAS Journal of Medicine
Abbreviated Key Title: SAS J Med
ISSN 2454-5112
Journal homepage: https://saspublishers.com

OPEN ACCESS

Medicine

Problems in the Surgical Management of an Intra-Rectal Foreign Body at the Markala's Reference Health Center

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DOI: 10.36347/sasjm.2023.v09i05.018 | **Received:** 07.04.2023 | **Accepted:** 11.05.2023 | **Published:** 16.05.2023

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Abstract **Case Report**

This is a 20-year-old man admitted for abdominal pain, proctalgia and rectorrhagia of medium abundance that occurred 48 HOURS after voluntary introduction into the rectum of a bottle of Tetracycline 10% for therapeutic purposes. On rectal examination, we noted the lower end of a bottle-type object about 5cm from the anal margin. The ASP did not objectify signs of perforation, on the other hand, she highlighted a bottle-type object of about 6 cm at the level of the upper rectum. A laparotomy was performed to extract it by pushing it back towards the anus without opening the colorectal lumen. **Conclusion:** The introduction of a foreign body rectally is a rare phenomenon nowadays, especially in developing countries. There is no gender specificity, nor age range. Easy clinical diagnosis, its early management makes it possible to avoid serious complications.

Keywords: Foreign body-Rectum-Bottle-Rectorrhagia.

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INTRODUCTION

The introduction of a foreign body rectally is rarely accidental. It is most often voluntary for the following reasons: Behavioral disorders of the patient, physiotherapeutic purpose or concealment of illicit substances (drugs). These kinds of practices have existed for a long time in the world. Rare cases of the use of veterinary drugs administered rectally to humans for therapeutic purposes and self-purging maneuvers have also been reported.

PATIENT AND OBSERVATION

We report the medical file of a 20-year-old male patient with no notable history who presented to the Emergency room with a picture of abdominal pain, proctalgia with moderate-abundance rectorrhagia that occurred 48 hours after voluntary introduction into the rectum of a bottle of Tetracycline 10% for therapeutic purposes. On admission, the physical examination finds an anxious, restless patient with a good general condition. On palpation, an abdominal defense was noted without signs of contracture.

Height: 1.64 m; Weight: 66 kg. BP: 11/7CmHg; Pulse: 87 puls/min; T°:37.2°c; FR: 20 cycles / min; SPO2: 98%. Examination of the anal margin revealed the presence of bright red blood mixed with blood clots around the anus. On rectal examination, we noted the lower end of the foreign body at the tip of the finger about 5cm from the anal margin and the abdominal X-ray without preparation did not objectify the presence of signs of perforation of hollow organs on the other hand it highlighted the presence of a bottle-type object about 6 centimeters at the level of the upper rectum.

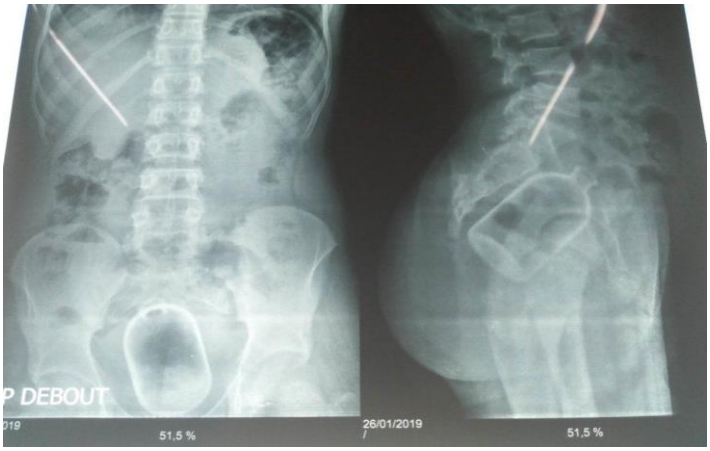

Figure 1: Unprepared Abdomen showing the foreign body in the pelvis

After failure of low-way extraction maneuvers and taking into account the absence of endoscopy equipment in our structure, a preoperative assessment was given for an extraction by laparotomy under general anesthesia allowing a good relaxation of the anal sphincter.

Procedure: Patient in gynecological position according to CHASSAR MOIR, the anal margin and the anal canal previously lubricated with petroleum jelly. After basting and champage, under general anesthesia and orotracheal incubation, we performed a sub-umbilical median laparotomy. The exploration made it possible to discover the foreign body at the level of the upper rectum at the recto-sigmoid junction. The gesture consisted of gentle and careful manual pressure of the foreign body by pushing it back towards the anus without opening the colorectal lumen. The postoperative follow-up was simple with a seven-day hospital stay.

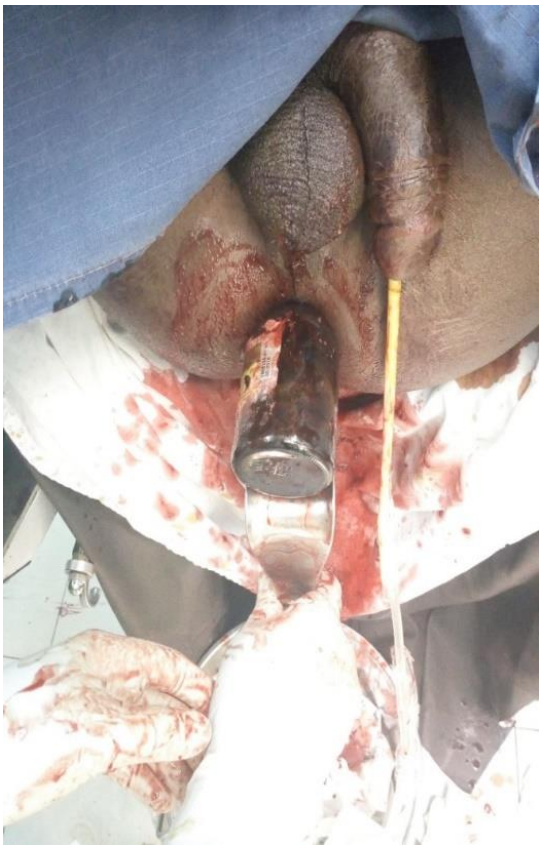

Figure 2: The foreign body at the time of extraction

Figure 3: The foreign body after extraction via the trans-anal route

DISCUSSION

In the majority of reviews, the most common cause of foreign body insertion is related either to sexual practices, mostly solitary or therapeutic (Constipation, Hemorrhoids, anal pruritus), traumatic origin, aggression, psychiatric origin [5].

This practice of intra-rectal foreign bodies is very uncommon in developing countries, and more common in industrialized countries [3]. These patients often come to the emergency room several hours or several days after the insertion of the foreign body with an average delay of 1.9 days [4].

Our patient, aged 20, male, presented himself 48 hours after the voluntary introduction of a large bottle of Tetracycline 10% used for the treatment of his grazing animals. In this practice illiteracy seemed to play a preponderant role. .We did not have a correlation between the age of the patient and the male sex because all the documents we consulted concerned exclusively male patients of varying ages.

On admission, the physical examination found an anxious, restless patient with a good general condition. On palpation, an abdominal defense was noted without signs of contracture and the examination of the anal margin made it possible to highlight the presence of bright red blood mixed with blood clots all around the anus. In the literature, the reason for consultation varies from one patient to another. Some consult for a picture of occlusive syndrome with the notion of stopping matter and gas while others consult for anal pain, rectorrhagia and acute or persistent abdominal pain [1]. For our patient, the reason for consultation was rectorragia with an anxious state, the interrogation of which made it possible to bring out a notion of voluntary introduction of a bottle for therapeutic purposes.

After the failure of various maneuvers for the extraction of the foreign body, we proceeded to a laparotomy which consisted in making a pressure from top to bottom to direct the bottle towards the anal canal in order to extract it by the anal route.

CONCLUSION

The introduction of a foreign body rectally is a rare phenomenon nowadays in developing countries, practitioners are less confronted with it. There is no gender specificity, nor age range. Easy clinical diagnosis, its early management makes it possible to avoid serious complications.

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