

Case Report

Case of foreign body as a broom handle in the rectum

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ABSTRACT

A 68 yrs old male patient with a foreign body (broom handle cover 11'inch) introduced as sexual perversion presented with lower abdominal pain, the management emphasis is a transanally retrieval and ruling out of rectal and colonic perforation under colonoscopy guidance under local anesthesia in pad.

Keywords: Broom handle foreign body, Rectal trauma, Perversion

INTRODUCTION

Foreign body within the rectum occurs infrequently, majority of object are introduced through anus however, sometimes a foreign body is swallowed, passes through the gastrointestinal tract and is held up in rectum. They are known for potential complication and present as a challenge to clinical management, they should be seriously and expeditiously treated.

CASE REPORT

A 68 year old male presents with history of introducing broom handle cover 11" in length in rectum while bathing and pain in lower abdomen since morning, the failure of repeated attempt of self removal brought the patient to the hospital. He gave H/O similar attempt of using object for sexual gratification in past, vital sign are normal, abdomen was soft. Foreign body was palpable per rectally by the tip of index finger, colonoscopy showed the long tubular hollow foreign body with proximal end closed as shown in figure.^{1,2,3} The manual removal by holding the edge of broom handle with artery forceps under colonoscopic guidance was done. After multiple attempt the hollow tubular structure was removed under local anesthesia and was measured to 11 inches. Post removal per rectal examination and colonoscopy did not reveal any colorectal injury except

some minor anal tear and rectal tear. As patient was a habitual pervert no major anal tear were noticed, post removal recovery was uneventful and he was referred for psychiatric treatment.



Figure 1



Figure 2



Figure 3

DISCUSSION

Report of foreign body within the rectum are uncommon in Asia and the majority of case series are reported from eastern Europe.¹⁻⁶ males are commonly affected.^{1,2} The age group is 16-80 years¹ however there is a bimodal age distribution, observed in the twenties for anal erotism or forced introduction through anus and in the sixties mainly for prostatic massage and breaking fecal impactions. The foreign bodies commonly reported were plastic or glass bottles, cucumbers, carrots, wooden or rubber objects. Other objects reported are bulb, tube light, axe handle, broomstick, vibrators, etc. the object length varied between 6 and 15 cm, and larger objects were more prone for complications.

Abdominal and rectal pains, bleeding per rectum are the common presenting symptoms. Per rectal examination is the cornerstone in the diagnosis, but it should be performed after X-ray abdomen or colonoscopy guidance to prevent accidental injury to the surgeon from sharp objects. X-ray pelvis and X-ray abdomen help in locating and localizing the foreign body and also rule out intestinal perforation.

Majority (90%) of the cases is treated by transanal retrieval. hard objects are potentially traumatic and tend to migrate upwards. abdominal manipulation and stabilization helps in retrieval when the foreign body is slippery. Artery forceps or sponge holding forceps is only helpful in grasping the edge.

Colonoscopy removal is also reported with good success (3) however; limited studies in the literature restrict the definition of the major role of colonoscopy. Laparotomy is only required in impacted foreign body and/or with

perforation peritonitis. Even with laparotomy, the aim is trans anal removal and closure of perforation with diversion colostomy. Post retrieval colonoscopy is mandatory to rule out colorectal injury

In the present case, trans anal removal was carried out by grasping the edge of the broom handle with artery forceps under colonoscopy guidance it was removed and the broom handle measured 11 inch in length, 26cm .patient was referred to the psychiatrist for his perversion disorder, which was also mandatory for preventing recurrence.

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