

CASE REPORT

Talc Fragrance: A Rectal Foreign Body

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Abstract:

Foreign bodies in the rectum, although not much common present a challenging task to the surgeons for retrieval. Although different types of foreign bodies are reported an adult talcum container in rectum is not yet reported. Depending on the type and position they can cause anorectal trauma and perforative peritonitis. Diagnosis is usually by history, per rectal examination and radiography. Most of the cases are treated by transanal retrieval.

Keywords: Foreign body, Radiography, Transanal Retrieval

Introduction:

The incidence of rectal foreign bodies is varied as per geography; it is uncommon in Asians and most common in western countries. Mostly the patients are male with different age groups. They are usually inserted for sexual purposes [1] or could be due to criminal assault [2]. Barrel shaped (Cylindrical) objects are more common, since they can be easily inserted. The different types of foreign bodies reported are tea cup, toothbrush, pens, spray cans, iron bars, toys, light bulbs, candles, sex toys, liquid cement, ice pick, vegetables (like carrot, banana), snuff box, unusually large objects such as soda or beer bottles [3].

Removal of such objects is a challenging task depending on the shape, material from which the foreign body is made and orientation within the rectum. Management begins with history, clinical and rectal examinations, followed by plain abdominal or pelvic X-rays. Depending on the

position of foreign body and patients complaints various options exist for its retrieval [4].

Case Report:

A 66-year-old male patient presented with difficulty in passing stools since 3 days and bleeding per rectum since 3 days to surgery OPD. On enquiry patient also had complaint of constipation on and off since 3 months. Patient was a chronic alcoholic since 10 years. On clinical examination, per abdomen examination was normal. Per rectal examination revealed a hard smooth object palpable about 10 cm above the anal orifice, the margins and upper border were not felt. At first the diagnosis of beverage bottle as foreign body in rectum was made. Even after repeated enquiry the patient, denied any foreign body insertion through the rectum.

An abdomino-pelvic plain radiograph was taken which showed a radio opaque foreign body in the region of the rectum, obliquely placed with only margins seen (Fig.1). On detailed enquiry patient revealed that he used foreign bodies to remove the impacted stools but does not remember anything retaining inside. Attempt to digital remove the object was made in the examination room with liberal surface anaesthesia, but was not successful. Patient was admitted and taken to the operation theatre for further management. Under spinal anaesthesia, in lithotomy position, anal dilatation was done and abdominal compression was given and the foreign body came down in the

rectum and was visible through the proctoscope. The first view revealed the words “Fragrant talc”. The proctoscope was removed and confirmation of plastic talcum container confirmed. The use of obstetric forceps (Tenaculum) was made to hold the object at one end as it was a plastic container and foreign body was retrieved (Fig. 2). There was no bleeding per rectum and a sigmoidoscopy was normal. Patient was discharged on the 2nd postoperative day. The patient was referred to physician as we were suspecting him to be a case of Alzheimer's disease and also for follow up at Psychiatry outpatient department for further counseling.



Fig 1: X-ray Pelvis Showing Foreign Body



Fig. 2: Foreign Body with the Words Fragrant Talc Written on it

Discussion:

Rectal foreign bodies are uncommon for the surgical community in Asians. The incidence of rectal foreign bodies is unknown [5]. The age of patients with retained rectal foreign bodies ranges from 14 to as old as 90 years. Rectal foreign bodies are more common in males [6]. More recently, case series and descriptions of evaluation and extraction techniques have been documented. Involuntary nonsexual foreign bodies are generally found in the elderly or the mentally ill or assault cases. The patient's son who is an educated man had refused for any Medicolegal case and signed on the documents regarding Nil, MLC, with Casualty Medical Officer (CMO). All retained rectal foreign bodies should be treated as potentially hazardous [7]. Radiologic evaluation is of utmost importance to know perforative peritonitis and type of foreign body.

Foreign Body in rectum can be classified as high lying or low- lying, depending on their location relative to the recto sigmoid junction. High-lying objects cannot be removed through anorectum as they are not visualized, and unreachable. Low lying foreign bodies can be removed through anorectum as they are normally palpable. A majority (90%) of the cases are treated transanal retrieval [8]. In our patient, transanal removal was carried out and the difficulty was grasping of bottle base with fingers due to mucous and slippery base. Asking the assistant to give abdominal pressure and push down the foreign body and grasping the base of container with obstetric forceps, which gave a firm grip over the base, helped us to overcome this difficulty. Open surgery should be reserved only for those patients with peritonitis or pelvic sepsis [9]. Post extraction sigmoidoscopy or plain radiograph is must before discharging any patient who had a foreign body removal [10].

Conclusion:

Rectal foreign bodies present as an embarrassment for the patient and diagnostic and treatment dilemma to the doctor. Patient evaluation needs a systemic approach in diagnosing perforative peritonitis. Laparotomy should be reserved for

patients with perforation or failed transanal attempts. After transanal removal of the foreign body, a sigmoidoscopy may be required for ruling out any perforations.

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