A NOVEL APPROACH TO REMOVAL OF A MASSIVE RECTAL FOREIGN BODY: A CASE REPORT

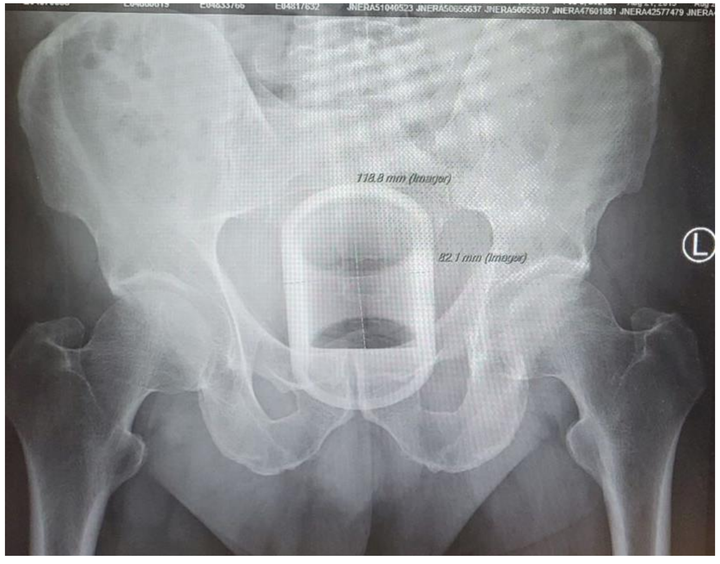
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Introduction

The incidence of polyembolokoilamania, the insertion of foreign object into a body orifice, has recently been on the rise. Entrapped rectal foreign objects are increasingly common in the practice of surgeons and gastroenterologists. There are many well established techniques for removal of medium to large rectal foreign bodies. Our case demonstrates a unique technique for the removal of a very large, rigid foreign object lodged within the rectum between the anal verge and the sacrum.

Presentation of Case

We present a case of a 51-year-old male with prior history of a low rectal perforation secondary to a foreign body who presented with a PVC pipe trapped in his rectum for twenty-four hours. A bedside removal was attempted, without success. He underwent a subsequent rectal exam under anesthesia, which required conversion to an exploratory laparotomy. Despite the laparotomy and a subsequent proctotomy for proximal manipulation, the object was still unable to be dislodged. Removal of the object was finally achieved by drilling a hole into the object using a Dual function electric surgical bone drill 8mm. Then, utilizing a 10mm Volkmann bone hook on the drill hole, the foreign object was able to be dislodged from the sacral hollow and removed in a retrograde fashion.





Discussion

Management of rectal foreign bodies remains a complicated process. Several case reports have previously identified the utility of an exploratory laparotomy in removal of a large rectal foreign object. There have been no case studies where the foreign object was so large that it was unable to be removed even after creation of a colotomy. We present a novel technique in removing a large rectal foreign body with a smooth surface lodged between the anal verge and the sacral promontory,

Conclusion

In some instances, large rectal foreign bodies with a difficult orientation may require creative techniques and uncommonly used instruments for successful removal. It helps to be familiar with instruments available to other specialties to help with these difficult and unique circumstances. There are no cases in the literature when a rectal foreign body could not be removed after a laparotomy and proctotomy. Our case presents a novel methodology that can be considered for removal of a very large, rigid intrarectal foreign body.