Extraction of rectal foreign body with minimally invasive technique

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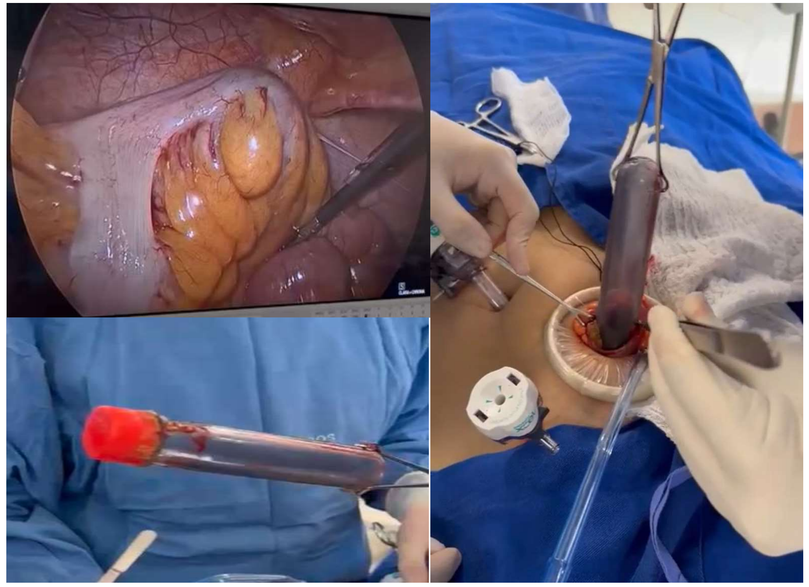
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Introduction

Rectal foreign bodies are an uncommon but potentially serious issue encountered in emergency departments. These cases often require a multidisciplinary approach for diagnosis, management and prevention of complications. This report describes a case of a young patient with a rectal foreign body that could not be removed via rectal manipulation, necessitating invasive intervention.

Case



29 year-old male with a 48 hour impossibility to extract through Vansalva's maneuver a foreign rectal body. Transanal extraction in the ER neither in the operating room with general anesthesia were not possible due to its position above the sacrum and the difficulty to obtain a proper grabbing.

A laparoscopic approach was performed using the Hasson technique with a 30° camera in the umbilical port and two 5 mm port accessories on both sides that allowed directing the proximal and distal edge of the object towards the upper rectum. A 3 cm transverse enterotomy was then made allowing intestinal extraction.

Due to the location and laparoscopic triangulation, a Rutherford incision was performed with the use of an abdominal wall protection system for cavitary extraction of the object. Subsequent closure in layers with Vicryl.

Discussion

Anal and rectal foreign bodies should always be extracted transanally if possible, however there is known that if the object gets above the sacrum the angle will make a transanal extraction impossible even with a total sphincter and pelvic floor relaxation.

Conclusions

- Laparoscopic surgery is a **safe and effective option** for the removal of rectal foreign bodies when manual extraction is unsuccessful.
- Minimizing surgical and transanal trauma, avoiding more extended and morbid approach reducing length of hospital stay, analgesic consumption, enhancing recovery time and work comeback.

References

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