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Corpus alienum in rectosigmoid: a Case report

Agung Widianto[1],Wahyu Kartiko Tomo[2], Fuad Dheni Musthofa*[3], Ghana Hendra[1]

[1]Department of Surgery, Universitas Gadjah Mada Hospital, Universitas Gadjah Mada, Yogyakarta, Indonesia
[2]Faculty of Medicine, Universitas Gadjah Mada, Yogyakarta, Indonesia

Case Report

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***Corresponding author:**
fuaddmusthofa@gmail.com

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ABSTRACT

A 48-year old man, a referred patient from Wonosobo Hospital, presented to our hospital with severe lower abdomen to anal discomfort since seven days before admission. It is a sudden pain without apparent causes or triggers and accompanied by blood. The patient is uncooperative when asked about the history of inserting objects into the anus and his sexual behaviour. On plain x-rays, a picture of a tubular object in the rectosigmoid region was discovered. After the operation, a foreign body in the form of a Polyvinyl Chloride (PVC) pipe was extracted.

Seorang laki-laki 48 tahun, pasien rujukan dari RS Wonosobo datang ke rumah sakit dengan keluhan nyeri pada perut bawah sampai dengan anus sejak 7 hari sebelum masuk rumah sakit. Nyeri mendadak tanpa ada pencetus dan disertai darah. Pasien tidak kooperatif ketika ditanya mengenai riwayat memasukkan benda ke dalam anus dan perilaku seksualnya. Pada pemeriksaan foto polos didapatkan gambaran benda berbentuk tabung pada regio rectosigmoid. Setelah dilakukan operasi, didapatkan benda asing berupa pipa PVC.

INTRODUCTION

48 years old, male, presented with anal and lower abdominal pain since seven days before admission. Pain appeared suddenly without no apparent causes or triggers, accompanied by bleeding from the anal region. The patient also complained about difficulty defecating and urinating, then he went to a clinic where a urethral catheter was inserted. Three days before admission, he went for a consultation in Pembina Kesejahteraan Umat hospital (RS PKU) Wonosobo with the same symptoms. On plain abdominal X-ray, a tubular object was found in the rectosigmoid region (Figure 1). In RS PKU Wonosobo, corpus alienum was attempted, however only partial removal was successful, thus patient was referred to Universitas Gadjah Mada hospital (RS UGM).

The patient presented to RS UGM complaining difficulty of defecating, anal pain, and bloated. No anal bleeding, abdominal pain, fever, decrease body weight, and history of trauma was found. The patient denied inserting anything into his anus, and uncooperative when asked about his sexual behaviour. The patient is an electronic technician. He has a wife who works in Hongkong, and they only met several times a year.

On physical exams, the patient was alert, compos mentis, vital sign is normal, pain scale with visual analog scale (VAS) score 4. Head, neck, extremities, lung, and heart were within limit. Abdominal exams within normal limit, no abdominal pain, no palpable mass. Anal examination showed no blood, mass, abrasion,

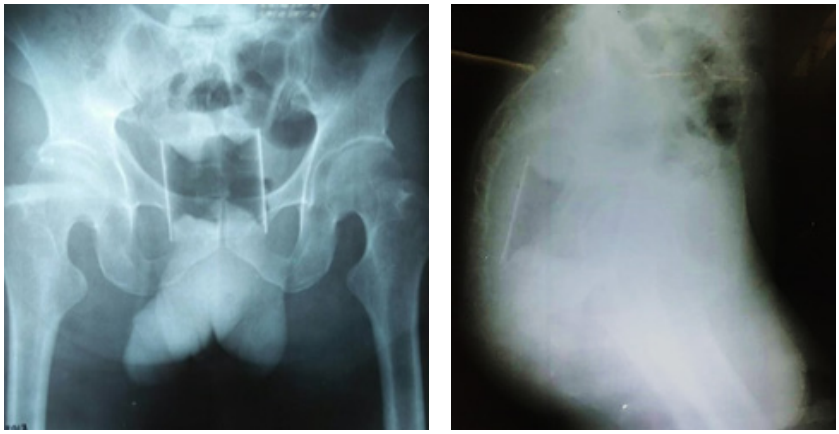

Figure 1. Plain X-ray of tubular foreign bodies in rectosigmoid region

or erythema. On rectal toucher, we found a loose sphincter anal muscle tone, ampulla recti unpalpable and palpable tubular mass with 8 cm diameter. The tip of the tube was 2 cm from the anal verge, and the pole was not palpable. Complete blood count showed haemoglobin (Hb) 15.3 g/dL, leukocyte 20.290/mm^3, thrombocyte 182000/mm^3, eryithrocyte 5.1x10^6/mm^3, hematocrit 43.8% and Hepatitis B Surface Antigen test (HbSAg) non-reactive.

The patient has diagnosed with corpus alienum rectum, and foreign bodies evacuation

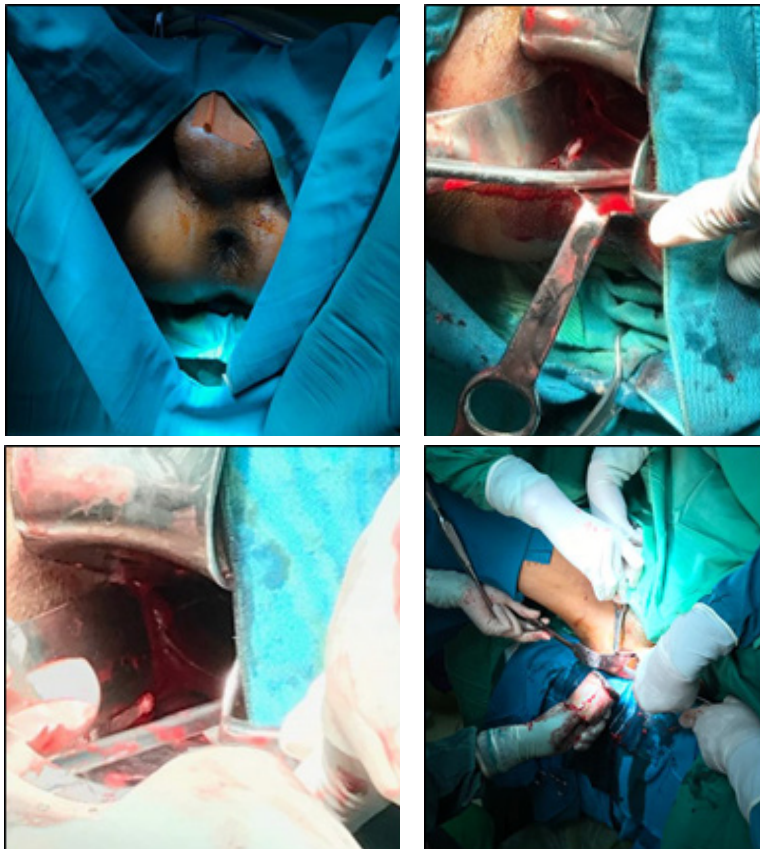

Figure 2. Corpus alienum evacuation process in the operating room. This image is the author's personal collection.

was done in the operating room. The patient was in lithotomy position intraoperative. After the patient was under anaesthesia, an aseptic method was done, retractor was put in 3, 9, 6 and 12 o'clock area (Figure 2). After retractor was inserted and pulled a bit, the needle on the 12 o'clock position was removed because the tube was not able to be extracted after several attempts. After removal was done, tube can be extracted. The corpus alienum was a pipe with 8 cm diameter and 10 cm in length (Figure 2). After evacuation, rectal exam was done and no injury to the rectosigmoid region was found, except for a few small wounds. During monitoring, after extraction was done, bleeding and sign of infection were evaluated, the bandage was changed every day. No anal incontinence or perianal infection was found as a complication. Patient was hospitalized for total of seven days.

DISCUSSION

Corpus alienum can happen in adults or children. Patients with foreign bodies should be evaluated for obstruction and perforation.[1] Corpus alienum, eventhough not often, is not a rare thing to encounter because the incidence is always increasing and the definitive treatment mostly require operation.[2] The report on fcorpus alienum is still limited in Asia, but more common in East Europe. A male is more at risk. The most commonly found corpus alienum are plastic, bottle, cucumber, wood, carrot, and rubber materials. The objects vary from 6 to 15 cm, and the bigger the size of the object the bigger the possibility of a complication.[2-4] Foreign body of the anus is usually inserted deliberately by patients to achieve "anal erotism".[3,5]

Abdominal and rectal pain, as well as rectal bleeding, is a more commonly found symptoms. The rectal examination has a crucial role in diagnosis.[3] In cases with complications, signs of perforation or infection can be found.[2] Rectal examination is essential, but should be done after abdominal X-ray to prevent injury during the examination, locate the position of foreign body and exclude perforation. Lateral plain X-ray will show whether the foreign body is high or low lying. Laboratorium examination is less useful except in cases of perforation where white blood cell might increase.[2,3] The standard method of evacuating corpus alienum is a combination of analgetic, sedation, local anaesthetic, and manual evacuation in the emergency room (ER) or operating room.[5]

Almost all cases are evaluated from the anus (90%), corpus alienum evacuation should be done with direct visualiation in the anal. Evacuation can also be done through colonoscopy or laparotomy. Laparotomy can be done if the case is accompanied by perforation or peritonitis.[2] After evacuation, plain X-ray or endoscopy should be done to exclude abration or perforation.[4]

CONCLUSSION

Corpus alienum in anal region can be detected by X-ray and also rectal examination. Evacuation of corpus alienum should be done with direct visualization by colonoscopy or laparoscopy. Perforation or abration should be excluded after evacuation.

Conflict of Interest

We stated that there was no conflict of interest in writing this case report.

Acknowledgement

Non declare.

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