Corpus Alienum - Case Report

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1. Summary
A foreign body [FB, from the Latin corpus alienum] refers to any object that was originated outside the body. Most of the references to FB involve their entrance through natural orifices into hollow organs, thus one of the most common locations for a FB is the digestive tract. The exact incidence of FB ingestion in children and adults is unknown. Annually it is estimated that 1500 deaths occur due to upper gastrointestinal FB ingestion [1]. This article presents a case of 26-year-old bisexual male to whom the foreign body was entrapped in rectum during sexual intercourse.

2. Introduction
Foreign bodies in lower gastrointestinal tract are not uncommon, and they present a challenge for emergency departments. Typically, patients are male with wide range of age. Very common are foreign bodies in Eastern Europe. The reason for insertion is very different in each case. The reasons for insertion in decreasing order of frequency are autoeroticism, concealment, attention-seeking behavior, “accidental,” assault, and to alleviate constipation. The majority of objects are inserted through anus. Very rarely a foreign body enters the rectum from another organ, for example intrauterine device passes through uterus into the rectum. The distensibility of rectum and sigmoid colon makes injury such as perforation rare, but true incidence is unknown while many patients don’t seek medical attention because they are embarrassed. During the practice of being a doctor there is a chance to retrieve many different objects like sexual toys, carrot, packages of different objects, glass bottles or paperweight (Figure 1).

Keywords:
Corpus alienum; Ileum

3. Diagnosis
Common complaints include rectal or abdominal pain, constipation or obstipation, bright red blood per rectum, or incontinence. Abdominal series or upright abdominal radiograph or CT scan can reveal the presence of free air and the location of the object relative to the pelvic floor. A careful digital rectal examination is the most informative component of the evaluation process, as it indicates the proximity of the object to the pelvic floor. It is essential to also evaluate and document the functional status of the sphincter complex both by exam and clinical history. If a foreign body is

Citation:
not palpable by rectal exam, further evaluation with rigid or flexible proctosigmoidoscopy should be performed. Alternatively, as discussed above, plain abdominal imaging may be obtained [2].

4. Case Report

26-year-old male with bisexual orientation came at night hours into emergency department with problems that in sexual intercourse there is “something left” in his rectum. From embarrassment he didn’t want to reveal what kind of object that was. By physical examination per rectum there was no evidence or the object was not reachable, the abdomen was without peritonitis, in deeper palpation there was tough resistance palpable in middle hypogastrium. RTG native was done where there was the object identified as tube of shaving foam with cover, without signs of pneumoperitoneum. After preparation there was performed rigid rectoscopy, distal border of corpus alienum was inserted 13 cm from anus. Therefore, we decided to perform laparotomy for extraction of the foreign body. We found the object reaching sigmoid colon with multiple longitudinal lacerations of the intestinal wall, which were intraluminally covered by the foreign body. That is the reason of the patient not being peritoneal of having any signs of peritonitis by the examination. Surgically performed segmental resection of rectosigmoid colon and the tube approximately 25 centimeters long and 6 centimeters in diameter was extracted. Postoperation period was without complications and patient was discharged 7th day after.

5. Discussion

In the practice the doctor must count on everything. But in this case by discharging the patient, he came to not say thank you but with the question if he can have the shaving tube back. The question was “why”, the answer was that the tube was new and not used for shaving yet.

References