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Endoscopic removal of an iatrogenically induced rectal foreign body

İyatrojenik nedene bağlı rektumda yabancı cisim ve endoskopik olarak çıkarılması

To the Editor,

Discovery of foreign bodies in the lower gastrointestinal system is rare in clinical practice. Their removal requires experience and attention. Rectal foreign bodies occur either by the oro-anal route or by insertion via the anal canal. Additionally, they can reach the rectum by migration from adjacent organs (1-3). Insertion of foreign bodies into the rectum can be due to autoerotism, sexual or criminal assaults, accidents, or for concealment (2,4). Thermometers and the tip of enemas in the rectum may occur iatrogenically (5).

A female patient was hospitalized in the internal medicine clinic to investigate the etiology of chronic constipation. An enema was applied by a nurse to relieve her constipation. The tip of the enema broke during the application, leaving the tip inside the rectum. She was then consulted to our department. The rectum was empty and no foreign body was palpated during digital rectal examination. Rectosigmoidoscopy was performed in the left lateral decubitus position, and the foreign body was found 12 cm proximal to the anus (Figure 1A). The foreign body was captured with foreign body forceps and then turned parallel to the long axis of the colon and extracted from the anal canal (Figure 1B). Follow-up rectosigmoidoscopic examination after the procedure did not show any complications or even mucosal erosion.

Foreign bodies ingested by mouth generally reach the rectum spontaneously without any problems, leaving the body from the anal canal, having already passed several physiologically narrow sites (5). They reach the outlet with a fibrous diet and by sedation. Foreign bodies that originate from the anal canal can actually be more problematic than those that originate from the oral route. Patients can be asymptomatic or can present with abdominal pain, rectal bleeding, perianal pain, and constipation. Complications such as peritonitis, perforation and obstruction are reported rarely (3,4). They also cannot be detected on plain abdominal radiographs. Rectosigmoidoscopy can be performed both for diagnosis and treatment (6,7). Enema application before the extraction procedure can cause movement of the foreign body to the proximal colon. Thus, extraction procedures should not be carried out blindly, and the clinician should not hesitate in consulting the patient to the surgery department whenever indicated (4).

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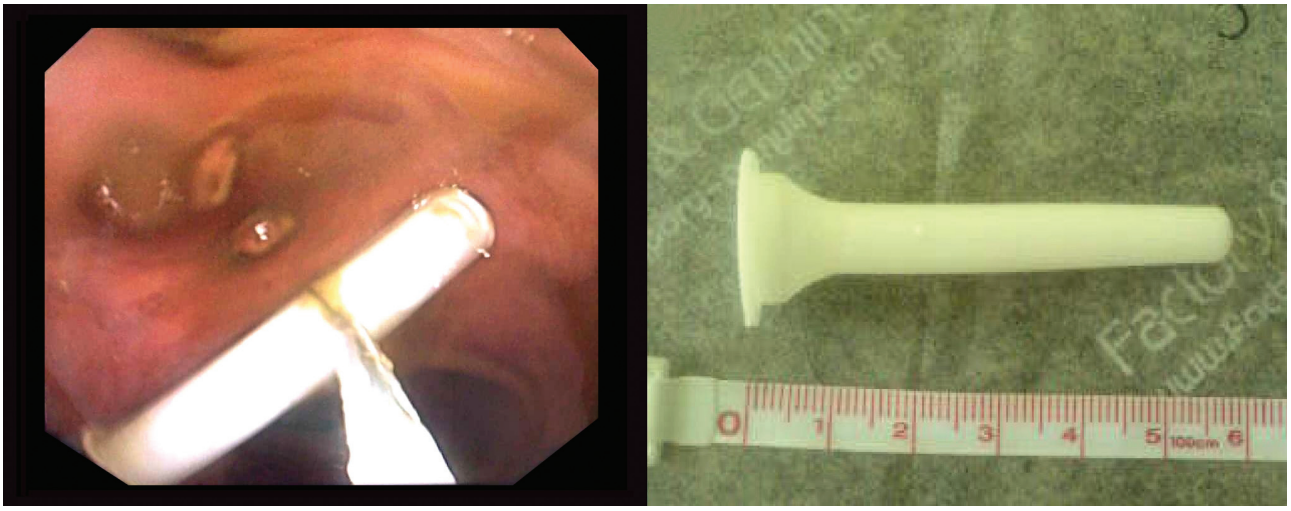

Figure 1. A. Endoscopic appearance of the foreign body in the rectum. **B.** The foreign body extracted from the rectum.

In conclusion, patients should be informed about all of the procedures that are planned with therapeutic intent, such as obtaining vascular access, intravenous/intramuscular injection(s), rectal drug administration and procedures must be applied carefully by qualified staff.

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Metastasis of rectal cancer to soft tissue of the hand: An unusual case

Rektal kanserin el yumuşak dokusuna metastazı: Nadir bir olgu

To the Editor,

Hand metastases occur infrequently, and metastatic tumors in the soft tissue of the hand caused by rectal cancer are extremely rare. We report a rare case of a metastatic tumor in the soft tissue of

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