Turk J Gastroenterol *2014; 25: 442-3*

Successful endoscopic removal of a foreign body in the rectum

To the Editor,

Foreign bodies are most frequently identified in the esophagus and rectum in the gastrointestinal system. In 80%-90% of cases, foreign bodies can be excreted through the gastrointestinal system without any medical treatment administered (1,2). Usually with sexual intentions, various bodies are reported to be inserted into the rectum. An endoscopic intervention through the anal route is primarily preferred to remove these bodies. Here, we report a male patient with a rectal foreign body and successful endoscopic removal.

A 63-year-old male was admitted to the emergency department because of abdominal and anal pain. In the physical examination, the abdomen was soft, and intestinal sounds were normal. During the rectal examination, a hard body with a smooth surface was palpated in the rectum, which was located 8 cm proximal to the anal canal. A radio-opaque image that was consistent with a foreign body was identified in the plain abdominal X-ray (Figure 1). The foreign body could not be removed manually during the rectal examination. The patient was transferred to the endoscopy unit, and a foreign body 24x2 cm in size was taken out through the anal canal using a polypectomy snare during a rectosigmoidoscopy performed under sedation (Figure 2). It was realized that the foreign body was an icebreaker. Superficial mucosal lacerations were observed during the rectosigmoidoscopy following the removal of the foreign body. The patient was clinically stable, and he was discharged after 24 hours without any complications.

In most cases, rectal foreign bodies are inserted by the patient himself/herself or his/her partner for sexual intentions. The foreign bodies are usually blunt and resemble male genitalia (2). Previously reported foreign bodies include vibrators, bottles, candles, metal bars, thermometers, irrigation catheters, chicken bones, endoscopic stents, and certain vegetables and fruits.

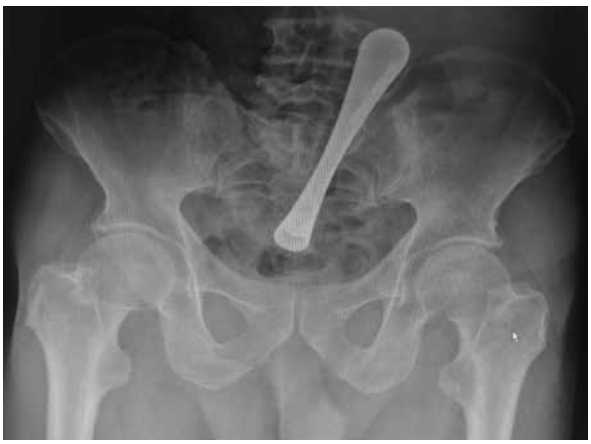

Figure 1. Abdominal X-ray of the patient.

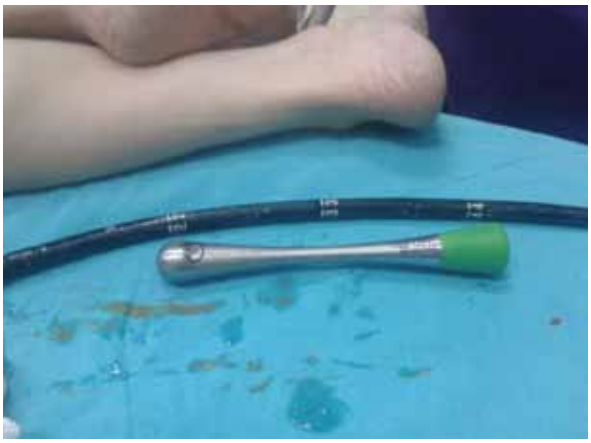

Figure 2. The foreign body was taken out with a forceps.

The most common symptoms of an anorectal foreign body include abdominal and/or rectal pain and fever. Some patients may be in a septic condition at the time of their initial presentation (3). An attempt to manually remove the foreign body should be tried during the rectal examination. However, in most cases, endoscopic

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Received: 6.3.2013 **Accepted:** 23.3.2013

intervention using a forceps or polypectomy snare is necessary for successful removal (4). The patients should be kept under observation for at least 24 hours for the follow-up of possible complications. If there are clinical or radiological signs of perforation or if the foreign body can not be removed by endoscopic intervention, surgery is indicated.

Ethics Committee Approval: N/A.

Informed Consent: Written informed consent was obtained from patient who participated in this case.

Peer-review: Externally peer-reviewed.

Author contributions: Concept - C.T.; Design - C.T.; Supervision - T.K., A.H.; Resource - C.T., T.K., A.H.; Materials - C.T., A.H.; Data Collection&/or Processing - C.T.; Analysis&/or Interpretation - C.T., T.K., A.H.; Literature Search - C.T., T.K.; Writing - C.T.; Critical Reviews - T.K., A.H.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study has received no financial support.

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