

## Deodorant cap lodged in the rectum: A case report

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### ABSTRACT

Anorectal foreign bodies are rare but have shown a rising trend in recent times. Various kinds of a foreign object may be observed in the rectum, including sharp instruments which may pierce rectum, colon, or create visceral organ injuries. Most common presenting symptoms include abdominal, rectal pains and bleeding per rectum. Without proper history and examination, these foreign objects can easily be missed in the emergency department as these are still a matter of taboo especially in countries like India. We report a case of an elderly gentleman who presented to the emergency with bleeding per rectum and did not initially give a history of foreign body insertion.

**Keywords:** Foreign body, Rectal bleed, Taboo.

Foreign objects are mostly seen in the upper gastrointestinal system and airway in the emergency department. Anorectal foreign bodies are rare but have shown a rising trend in recent times. Cases of rectal foreign bodies have been sporadically reported and hence the exact prevalence is not known. This is especially so in urban populations [1-2] and very rarely seen in the lower gastrointestinal system. Sometimes a foreign body is swallowed which passes through the gastrointestinal tract and is held up in the rectum. Foreign objects may be inserted into the rectum for sexual satisfaction or to inflict harm. Various kinds of a foreign object may be observed in the rectum, including sharp instruments which may pierce rectum, colon, or create visceral organ injuries. Removal of an intrarectal foreign object is a complicated issue for surgeons, Locating and extracting the item is an emergency procedure that can have serious complications [3].

We are reporting a case of an elderly male who presented with complaints of per rectal bleeding and was diagnosed as a case of the rectal foreign body.

### CASE REPORT

A 60-year-old male patient with no co-morbidities presented in emergency with the complaints of anal pain and per rectal bleeding since 1 hour. *The patient denied any history of trauma.*

*On arrival, his blood pressure was 120/70 mmHg, pulse rate was 82 beats/min, respiratory rate was 16 breaths/min and saturation level by pulse oximetry was 98% on room air. Systemic examination was unremarkable.* On digital rectal examination, no active bleeding or hemorrhoids were noted.

Complete blood cell count (CBC) results showed haemoglobin of 10.2 g/dL and total leucocyte count of 7000 / cumm; and biochemical parameters were within normal range (Urea – 30

mg/dL, creatinine – 0.58 mg/dL). Abdominal X-ray in supine position of the patient was obtained in the emergency department which showed a well-defined square lucency in rectum suspected to be a foreign body, without any evidence of free air or air-fluid levels (Fig. 1). Computed tomography (CT) abdomen performed showed evidence of lucent foreign body measuring 42 x 32mm in size seen in the rectum 6.8cm from the anal verge (Fig. 2).

Repeat detailed history taken from the patient revealed that he occasionally inserted foreign bodies in his rectum to achieve sexual satisfaction. On this occasion, he had inserted a foreign object (bottle of deodorant) into his rectum and was not able to remove it manually. The urgent surgical consult was taken and the patient was shifted to the Operation room (OR) for removal. Foreign body (cap of deodorant) was removed under general anesthesia and the patient was discharged in a stable condition after 2 days. Psychiatric consultation and follow-up at outpatient clinics of psychiatry and general surgery were recommended prior to hospital discharge.

### DISCUSSION

Majority of cases of foreign objects in the rectum are seen in European countries. Rectal foreign bodies are mostly seen in males as compared to females [4]. The foreign bodies commonly reported were plastic or glass bottles, cucumbers, carrots, wooden, or rubber objects. Other objects reported are the bulb, tube light, axe handle, broomstick, vibrators, etc. The object length varied between 6 and 15 cm, and larger objects were more prone for complications [5]. Patients participating in newer sexual experiences have also presented with dumbbells in the rectum [6]. Patients may present to the emergency with rectal foreign bodies inserted for sexual gratifications, diagnosis and treatment



**Figure 1: Abdominal X-ray of the patient showing a well-defined square lucency in the rectum suspected to be a foreign body.**

purposes (thermometers, irrigation catheter), ingested by mouth and left in the rectum (dental prostheses, chicken bones, pins, etc.), or sexual violence and assault victims [7].

Most common presenting symptoms include abdominal, rectal pains and bleeding per rectum. Per rectal examination is the keystone in the diagnosis, but it should be performed after X-ray abdomen to prevent accidental injury to the surgeon from sharp objects. X-ray pelvis and X-ray abdomen help in locating and localizing the foreign body and also rule out intestinal perforation. The lateral films of the pelvis will orient whether the foreign body is high or low lying.

Because of the wide variety of objects and variation in trauma to local tissues of the rectum and distal colon, a systematic approach to the diagnosis and management of rectal foreign bodies is needed [8,9]. A physical examination and radiological imaging, such as plain X-ray and CT, are important to evaluate the general condition of the patient and to determine a treatment plan [10]. In particular, CT can provide a great deal of information, such as the properties (shape, size) and precise location of the object, as well as the presence of perforation or obstruction. Colonoscopic removal of rectal foreign bodies has been reported to have good success [11]. Approximately, 90% of rectal foreign bodies are removed by transanal retrieval [12]. Hard objects are potentially traumatic and tend to migrate upwards [13]. Laparotomy is only required in an impacted foreign body and/or with perforation peritonitis. Even with laparotomy, the aim is transanal removal and closure of perforation with diversion colostomy.

In India, these sexual preferences are usually taboo and not discussed openly. This can lead to misdiagnosis and wrong treatment and premature discharge of the patient. Sometimes due to reasons attributed to shame, patients may not even seek medical care as noted by Ozbilgin *et al* when they came across a patient with a retained rectal foreign body for 5 years [14].

## CONCLUSION

In our case, the patient was elderly and did not give a direct history of foreign body insertion. It is imperative for emergency physicians to understand and have a high index of suspicion regarding foreign



**Figure 2: Computed tomography (CT) abdomen showing a lucent foreign body measuring 42 x 32mm in size in the rectum 6.8 cm from anal verge**

bodies so as to provide timely and correct care to the patients. Keeping foreign body insertions as a provisional diagnosis for bleeding rectum patients thus becomes essential for emergency physicians.

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