

Rectal Foreign Body Deodorant Bottle in a Schizophrenic Patient

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Abstract

The placement of foreign bodies into the rectum is an uncommon medical problem. The first aim of therapy is to extract the foreign body using the simplest method possible without harming the integrity of the intestine. We report a case of 65 year old schizophrenic male patient on antipsychotic therapy who was admitted to the emergency room with abdominal pain and constipation following insertion of a deodorant bottle in the rectum.

Introduction

Rectal foreign bodies present a difficult diagnostic and management dilemma because of delayed presentation, and a wide spectrum of injuries. They can be caused by a wide variety of objects, lead to variable degrees of local trauma to the surrounding tissues, and can be associated with perforation or delayed injury. Hence, a stepwise approach to the diagnosis, removal, and postextraction evaluation are essential [1]. In addition, it is likely that any radiologist and surgeon practicing at a major medical center will encounter this type of case, and thus, should be familiar with both diagnostic and management options [2].

In this report, we presented a 65 year-old schizophrenic patient admitted with a history of placing a deodorant bottle in the rectum, and successfully removed transanally with obstetric forceps.

Case Report

A 65 year old schizophrenic and heterosexual man was admitted with a history of inserting a deodorant bottle in the rectum and abdominal pain, constipation and rectal bleeding for five days. He also reported having social anxiety, disorganized thoughts and behavior, paranoid delusions and hallucinations treated with risperidone for ten years.

Vital signs were normal and abdominal examination showed no signs of localized or generalized peritonitis. Rectal examination revealed a foreign body approximately 3 cm above the anal verge. Abdominal radiography revealed a well-delineated bottle in the rectum (Figure 1). As the rectal perforation was suspected, CT scan was performed. CT revealed a bottle in the rectum with no evidence of bowel perforation and reformatted multislice CT images clearly showed a deodorant bottle (Figure 2).

The deodorant bottle was successfully removed transanally with obstetric forceps in the lithotomy position. The patient was subsequently discharged the following day. Postremoval recovery was uneventful and patient did not have anal incontinence or perianal infection. Patient was referred to the psychiatrist for preventing recurrences.

Discussion

Rectal foreign bodies usually are inserted, with the vast majority of cases, as a result of erotic activity. Other causes for insertion include diagnostic or therapeutic purposes, self-treatment of anorectal disease, criminal assault and accident. Few cases in the literature described foreign bodies in the rectum in association with psychiatric disorders [3].

Some case studies present patients with schizophrenia [4] Psychotic patients with or without mood disturbance may engage in foreign-body ingestion as a result of their delusional beliefs or in response

to command hallucinations as in our case or indirectly via impaired judgment [5-9].

In one series, 22.9% of the patients had some history of psychosis [7]. Timely psychiatric assessment (in addition to assessment and treatment of medical surgical complications) may facilitate a greater understanding of the patient and his or her dilemma so that timely treatment and effective care can be initiated and can effectively prevent recurrence of the behaviour [10].

The first aim of therapy is to extract the foreign body using the simplest method possible without harming the integrity of the intestine. The majority of rectal foreign bodies can be removed transanally [2,3].

One of the most important factors required for success is adequate

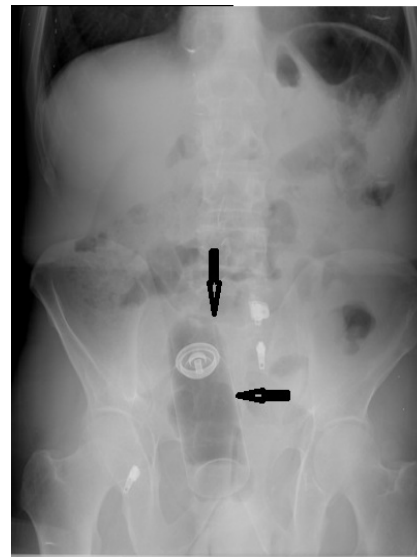


Figure 1: An abdominopelvic X-ray film showed the object suggesting deodorant bottle.

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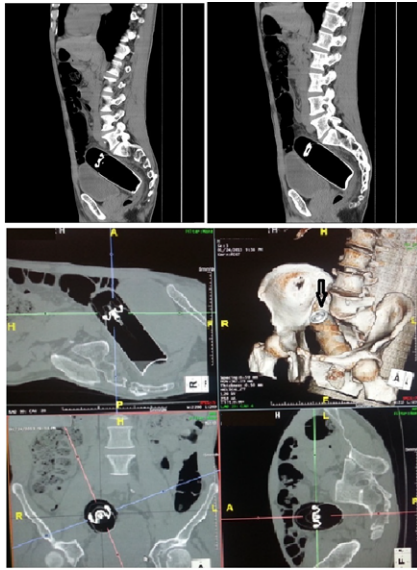


Figure 2: Abdominopelvic CT and reformatted multislice CT images clearly showed the presence of deodorant bottle in rectum but perforation was not determined.

patient relaxation, which can be accomplished with intravenous sedation and perianal nerve blocks. The high lithotomy position in candy cane stirrups facilitates removal of most objects and has the added benefit of allowing for downward abdominal pressure to aid in extraction of the foreign body [4,5]

Depending on the size and shape of the object, many different methods have been described in literature to extract rectal foreign bodies, including Foley catheter, Sengstaken-Blakemore tube, obstetrical forceps and vacuum extractor [6].

Although initial transanal extraction can be attempted, surgeons should avoid any unnecessary, prolonged attempts. Surgery is generally required if this is not successful and in all patients with evidence of perforation (free air), sepsis, or peritonitis [4,5].

Following successful removal, rigid proctoscopy or flexible sigmoidoscopy is mandatory to rule out colorectal injury, active bleeding, perforation, or additional retained objects. A repeat plain film of the abdomen is often warranted to ensure that no perforation took place during the extraction process [6-8] Prompt removal is advisable. Delayed removal of rectal foreign bodies can lead to severe complications including the perforation, peritonitis, infection or sepsis, mucosal ulcerations, lacerations, or edema, obstruction, bleeding [8,10] Radiographic evaluation includes an abdominal series to attempt visualization of the object and to evaluate for signs of complications. If the patient appears stable and has normal vital signs but a perforation is suspected, a computed tomographic scan often helps determine if there has been a rectal perforation [1] as determined in our patient.

Conclusion

As a result; Per rectal examination is the cornerstone in the diagnosis, but it should be performed after X-ray of the abdomen to prevent accidental injury to the surgeon from sharp objects. Firstly, digital removal of the object should be attempted, if necessary, with the patient at different positions. The laparoscopic approach to assist in rectal foreign body removal is a good treatment choice for difficult cases. It allows for easy removal, detection of rectal injury, and early discharge. Timely psychiatric assessment is of paramount importance. Failures to address the underlying cause will very likely lead to an individual's remaining at increased risk of repeated occurrences.

References

1. Goldberg JE, Steele SR (2010) Rectal foreign bodies. SurgClin North Am 90: 173-184, Table of Contents.
2. Akbulut S, Yilmaz F (2011) Foreign body in the rectum: A case report and literature review. KolonRektum Hast Derg. 21: 182-186
3. Lake JP, Essari R, Petrone P, Kaiser AM, Asensio J, et al. (2004) Management of retained colorectal foreign bodies: predictors of operative intervention. Dis Colon Rectum 47: 1694-1698.
4. Akhtar MA, Arora PK (2009) Case of unusual foreign body in the rectum. Saudi J Gastroenterol 15: 131-132.
5. Koornstra JJ, Weersma RK (2008) Management of rectal foreign bodies: description of a new technique and clinical practice guidelines. World J Gastroenterol 14: 4403-4406.
6. Singaporewalla RM, Tan DE, Tan TK (2007) Use of endoscopic snare to extract a large rectosigmoid foreign body with review of literature. SurgLaparoscEndoscPercutan Tech 17: 145-148.
7. Nivatvongs S, Metcalf DR, Sawyer MD (2006) A simple technique to remove a large object from the rectum. J Am CollSurg 203: 132-133.
8. Cohen JS, Sackier JM (1996) Management of colorectal foreign bodies. J R CollSurgEdinb 41: 312-315.
9. Roberts JR, Hedges JR (2004) Management of rectal foreign bodies. Clinical Procedures in Emergency Medicine. 4th. Philadelphia, PA: WB Saunders Company.
10. Hellinger MD (2002) Anal trauma and foreign bodies. SurgClin North Am 82: 1253-1260.