

(21195) - TRICK OR TREAT: THE CASE OF A NOT-SO-SWEET RECTAL FOREIGN BODY MANUALLY INSERTED AND SUCCESSFULLY REMOVED AFTER COLONOSCOPY

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Introduction:

Foreign bodies located in the rectum are often self-inserted by adults in an attempt at self-gratification. Consequently, these objects tend to have a round and cylindrical structure, typically lacking angles or sharp edges. Formal clinical guidelines for the removal of rectal foreign bodies are not available, and in most cases, it falls upon clinicians to decide the best therapeutic strategy based on the object location and shape, which can be endoscopic or surgical.

Objectives:

To report a successful case of endoscopic removal of an 18 cm tubular foreign body (a plastic candy container) located in the rectum.

Case Summary:

A 77-year-old man with no significant medical history presented to the emergency department 15 days after accidentally inserting a plastic tubular object into his anus. He reported a reduction in normal bowel movements without complete cessation of flatulence or faeces passage. Initial physical examination did not identify any object upon digital rectal examination. An abdominal X-ray revealed the presence of a tubular hypodensity in the pelvic region, without signs of perforation. Subsequently, the patient underwent an

unsedated left-sided colonoscopy. During this procedure, the mid- transverse colon was reached, but further progress was hindered by solid faecal content obstruction. No foreign body was observed during this initial colonoscopy, though an extensive ulcerated area in the lower rectum was noted, likely associated with the presence of the foreign body.

It was decided to do an antegrade bowel preparation for better visualization of the foreign body and eventually remove it. On the following day, the patient underwent the procedure without anaesthesia, and a foreign body, consistent with the description given by the patient and observed on the X-ray, was immediately visualized in the distal rectum. With the use of foreign body forceps, a careful and uncomplicated removal was achieved. Following the removal, the rest of the colon was assessed, having identified colonic diverticula, two colorectal polyps, and the previously described ulcer in the lower rectum.

Six months later, a follow-up colonoscopy was conducted, during which the previously identified polyps were removed, and complete resolution of the ulcerated lesion was observed. The patient was evaluated in a medical follow-up appointment 9 months after the emergency episode, reporting no complaints.

Relevance:

Rectal foreign bodies are relatively common, and the literature contains numerous cases of foreign bodies of various shapes and sizes. In most cases, patients do not seek immediate medical attention, often hoping that the foreign body will be naturally eliminated or seeking help only when complications arise. There are no formal guidelines for managing these situations, making it crucial for physicians to decide on the best therapeutic approach based on clinical judgment, which can be endoscopic or surgical. Therefore, reporting such cases is of the utmost importance. The case report is accompanied by detailed iconography.

Palavras-chave : Foreign Body, Colonoscopy, Endoscopic treatment