

Rectal impaction of a foreign object

J. Fernando, MBBS, MS

Consultant Surgeon, Lanka Hospital, Colombo.

Key words: Foreign body; Colorectal perforation; Rectal impaction.

Introduction

Colorectal perforation by a non human mammalian organ by per rectal entry is a rare occurrence. Following is such a report in the most unusual form.

Case history

A 56 year old male literally walked into the emergency department with a history of falling on a set of ornamental deer antlers. A segment of the antlers had apparently entered the rectum and subsequently broken. The history was independently not verified.

Patient was not in pain. On palpation, the abdomen was soft and non-tender. Digital examination indicated the presence of a long foreign object in the rectum. X-rays showed an object matching the shape of a deer antler in the rectum extending superiorly. Over the next several hours, the patient showed signs of peritonism with increasing abdominal pain and referred pain at the shoulder tip. The patient was prepared for a laparotomy with consent obtained for a colostomy.

Under general anaesthesia and antibiotic prophylaxis, patient was placed in a lithotomy position. Gentle rectal examination was repeated to confirm the presence of the foreign object. No external injuries were observed around the anus. Laparotomy was done through a low midline incision. A 2 cm perforation was identified at the distal end of the sigmoid colon with the tip of the foreign object protruding through the opening. Very little blood or faecal contamination was seen. No other organ injury was observed following a systematic search. The foreign body was removed per anus. It was a part of a deer antler. After trimming the edges of the perforation it was closed with a single layer of interrupted inverting sutures of Vicryl. Mass closure of the abdominal wound done following saline lavage and placement of a suction drain. Oral liquids were started on the second day post operatively and the patient was discharged, fully mobilised on the fifth day after sur-



Figure 1. AP x-ray of abdomen



Figure 2. Tip of the antler perforating the sigmoid colon

Correspondence: J. Fernando, MBBS, MS
Consultant Surgeon, Lanka Hospital, Colombo



Fig 3. Removed antler with a retractor for comparison of size

gery. At this point, the patient was on a soft solid diet.

Discussion

The antler appeared to be from either a spotted deer (*Cervus axis*) or a sambhur (*Cervus unicolor*) but could not be ascertained with certainty [1].

Rectal insertion of objects can be a part of a medical investigation, a sexual act, smuggling and storage of contraband and torture. The published literature reveal a long list of items that have found its way in to the rectum leading to removal of the object in the emergency department or leading to perforation and surgery [2,3].

The absence of external injury around the anus was suspicious and did not corroborate with the history. The site of perforation was marked by the absence of faecal contamination expected in any breaching of the colo-rectum. It is a common practice to selfadminister enemas before placing objects in the rectum as a part of a sexual act [2]. No such history was given by this patient.

The traditional management options for rectal perforations are excision / repair together with proximal faecal diversion, Hartman's procedure or exteriorisation of the perforation. In the 1980s, repair / excision and primary anastomosis without faecal diversion were found to be successful. Recent evidence [4-7] suggest that such methods are safe provided there is minimal faecal contamination and the patient's general health is satisfactory. This patient met these conditions and hence had a successful primary

repair. Interestingly endoscopic repair of rectal perforation has been reported [8].

References

1. Gehan De Silva Wijeratne - Mammals of Sri Lanka - New Holland 2008
2. <http://www.homosexinfo.org/Sexuality/RectalObjects>. Page last modified on December 07, 2007. Accessed 2 July 2009.
3. James E Barone, Norman Sohn, Thomas F Nealon. Perforations and foreign bodies of the rectum. *Ann Surg* 1976, 184 no 5.
4. Miller BJ, Schache DJ. *Aust N Z J Surg*. 1996 Jun;66(6):348-52. Colorectal injury: where do we stand with repair?
5. Cleary RK, Pomerantz RA, Lampman RM. *Dis Colon Rectum*. 2006 Aug;49(8):1203-22. Colon and rectal injuries.
6. Bowley DM, Boffard KD, Goosen J, Bebington BD, Plani F. *Injury*. 2001 Jul;32(6):435-9. Evolving concepts in the management of colonic injury.
7. Choi W J, *J Korean Soc Coloproctol*. 2011 August; 27(4): 166-172. Management of Colorectal Trauma
8. Ming Fang, John Saltzman, David Carr-Locke. Closure of a penetrating trauma in the rectum with a disposable endoscopic clip. www.medscape.com. Published 27 march 2002. Accessed 26 July 2009.