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. Laporotomy 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-

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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 unicolour) 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