

A hammer in an unusual place - anal assault

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Introduction

Reports of foreign body within the rectum are uncommon in Asia with the majority of cases reported from Eastern Europe. The foreign bodies commonly reported were plastic or glass bottles, cucumbers, carrots and wooden or rubber objects.

Case Report

A 26 year old male presented with a foreign body protruding through his anal canal for one day's duration due to an alleged assault. The patient was complaining of pain in the anal canal region. On examination, vitals were stable with no evidence of peritonitis and the iron rod was seen protruding through the anal canal. No evidence of injury was seen around the anal canal. A plain radiograph of the abdomen revealed a foreign body (hammer) in the abdomen (Figure 1). Under general anesthesia, an exploratory laparotomy with a sigmoid colotomy and extraction of the foreign body with a sigmoid colostomy was done (Figure 2). Post operatively, the patient had an uneventful recovery and was discharged with a plan of colostomy closure on follow up.

Discussion

Foreign bodies within the rectum are seen mostly involving males and the most common age group affected is 16 - 80 years [1-2]. The foreign bodies commonly reported were plastic or glass bottles, cucumbers, carrots and wooden or rubber objects [2]. Other objects reported included bulbs, tube lights, axe handles, broomsticks, vibrators, etc. The object length varied between 6 and 15 cm, and larger objects were more prone to result in complications [2].

Abdominal and rectal pains with bleeding per rectum are the common presenting symptoms. Per rectal examination is the cornerstone in this diagnosis, but it should be performed after an X-ray abdomen is done to prevent accidental injury to the surgeon from sharp objects. An 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 the surgeon as to whether the foreign body is high or low lying.



Figure 1. An X-ray abdomen demonstrating the foreign body in the colon.



Figure 2. Hammer retrieval via a sigmoid colotomy.

Majority (90%) of cases are treated by transanal retrieval [1,2,6,7]. Hard objects are potentially traumatic and tend to migrate upwards [8]. Colonoscopic removal has also been

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reported with good success [3]. Laparotomy is only required in impacted foreign body and or with perforation peritonitis. Even with a laparotomy, the aim is transanal removal and closure of the perforation with a diversion colostomy if necessary. Post retrieval colonoscopy is mandatory to rule out colorectal injury when a laparotomy is not performed.

In the present case, transanal removal was not possible and hence an exploratory laparotomy with a sigmoid colostomy was performed to safeguard regardingt a possible bowel injury below the extent of insertion.

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Key Points:

- Foreign bodies in rectum following alleged assault are rare and can be revealed by clinical examination or by imaging studies.
- A high index of suspicion is required to detect the condition utilising imaging studies.