

## A Rectal Foreign Body

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### ABSTRACT

A 52-year-old male patient presented to our surgical outpatient clinic with the complaint of a foreign body that he self-inserted into his rectum. He presented in healthy condition and did not report any pain. Clinically, the abdomen was soft and flat, and bowel sounds were normal. In the rectal examination, the distal part of a hard foreign body with smooth surface was palpable superior of the sphincter ani muscles. Digital removal of the object was unsuccessful. On a simple pelvic X-ray, a radiopaque foreign body was observed. The foreign body could be retrieved with surgical forceps under general anesthesia and relaxation of the sphincter ani muscles. Removal was successful without any damage to the rectal tissue. The foreign body was revealed to be a sex toy (vibrator).

**Key words:** Rectum, Foreign body, Extraction

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### ÖZET

#### Rektal Yabancı Cisim

52 yaşında erkek hasta kendi rektumuna yerleştirdiği bir yabancı cisim yakınmasıyla kliniğe başvurdu, sağlıklı görünüyordu ve ağrısı yoktu. Muayenede karın yumuşak bağırsak sesleri normaldi. Rektal tuşede yüzeyi düzgün sert bir yabancı cismin alt ucu anal sfinkterin hemen üzerinde hissediliyordu. Nesnenin parmakla çıkarılması başarısız oldu. Direkt pelvik grafide radyopak olan cisim görüldü. Yabancı cisim cerrahi forsepsle genel anestezi altında anal sfinkter gevşemesiyle rektal dokuya zarar verilmeyen şekilde çıkarıldı. Yabancı cismin bir vibratör olduğu görüldü.

**Anahtar kelimeler:** Rektum, Yabancı cisim, Ekstraksiyon

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**Figure 1. Rectal foreign body: X-ray of the pelvis showing the vibrator in the rectum with its motor and batteries.**

### CASE REPORT

A 52-year-old male patient presented to our surgical outpatient clinic with the complaint of a foreign body that he had self-inserted into his rectum three hours prior to the consultation. The patient had tried unsuccessfully to retrieve the foreign body himself. He presented in healthy condition and did not report any pain. Clinically, the abdomen was soft and flat, and bowel sounds were normal. In the rectal examination, the distal part of a hard foreign body with smooth surface was palpable superior to the sphincter ani muscles. Digital removal of the object was unsuccessful. On a simple pelvic X-ray, a radiopaque foreign body measuring approximately 12 cm x 4 cm in diameter was observed (Figure 1). The foreign body could be retrieved with surgical forceps under general anesthesia and relaxation of the sphincter ani muscles. Removal was successful without any damage to the rectal tissue. The foreign body was revealed to be a sex toy (vibrator). The patient was discharged in a healthy condition.

### DISCUSSION

Rectal foreign bodies are a known phenomenon and are most frequently associated with anal eroticism. Various foreign bodies and their management have been reported<sup>[1,2]</sup>, including bottles, spray cans, hosepipes, money, iron bars, and sex toys such as vibrators are used frequently<sup>[3]</sup>, and their

misuse poses the risk of serious injuries such as perforation<sup>[4]</sup>. Medical management of rectal foreign bodies should begin with diagnosis. Primarily a clinical and rectal examination should be performed, followed by plain abdominal or pelvic X-rays. Depending on the position of the foreign body, various options exist for its retrieval. For objects located close to the anus, the primary strategy should be per-anal extraction in an outpatient setting during the rectal examination. If this fails or the object is located in a more superior position, extraction should be performed in an operating room with general or regional anesthesia. The use of surgical instruments such as forceps or endoscopy might be indicated for foreign body extraction. If these methods fail or clinical or radiologic diagnosis shows signs of perforation or peritonitis, laparotomy might be the final solution to retrieve the foreign body and/or repair any damaged tissue. After successful extraction, patients should be observed and psychological consultations can be offered.

Rectal foreign bodies are not uncommon in clinical practice. Practicing surgeons should be well-informed regarding their management in order to extract various foreign bodies safely and successfully.

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