ACG CASE REPORTS JOURNAL

IMAGE | SMALL BOWEL

Small Bowel Obstruction Due to Migration of a Transrectally Inserted Foreign Body

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CASE REPORT

A 55-year-old woman presented to the emergency department with complaints of abdominal pain, abdominal distension, retching, vomiting, and constipation for 3 days. There was no history of fever. Clinical examination revealed tender and distended abdomen with no palpable mass. Ultrasonography was inconclusive due to abdominal distension by extensive gut gases. Contrast-enhanced computed tomography revealed features of small bowel obstruction with an oblique air-density structure in the jejunal loops surrounded by oral contrast (Figure 1). After imaging and prolonged counselling, the patient confessed the actual history. The patient's husband had inserted a long hollow stick through her anus 17 years before. The patient stated that she had removed half of the stick by breaking it, but she was not able to remove the remaining part. Due to social taboos, she did not seek medical attention at the time. Exploratory laparotomy revealed a long, hollow, wooden stick, which was removed from the intestines by opening the jejunal loops (Figure 2).

This case is very unusual in that the stick moved from the rectum to the jejunum via retroperistalsis over an extended timeframe and did not cause serious complications. In domestic abuse cases such as this, incidents may be reported after delay due to social taboos, and patients may fabricate explanatory stories or refuse to provide thorough histories.[1] A psychiatric consult may be needed to counsel domestic abuse patients and to obtain a thorough and accurate history. Usually, the symptoms occur locally and management includes transanal extraction of the foreign body. In rare cases, the foreign body may migrate in the colon and small intestines and remain asymptomatic for many years. Such cases require a transabdominal approach. Early diagnosis is the key to the management and prevention of complications.[2]

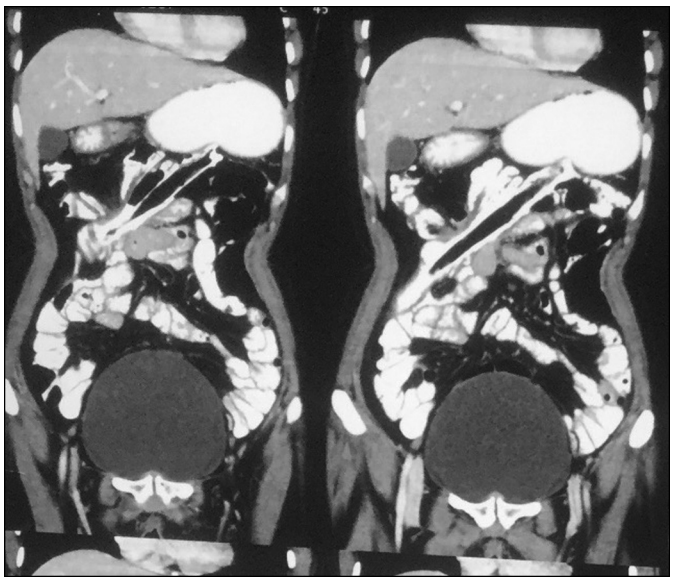

Figure 1. Coronal contrast-enhanced computed tomography showing the linear oblique air-density structure in the small intestine surrounded by hyperdense contrast.

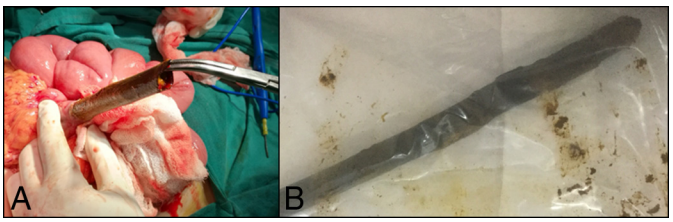

Figure 2. (A) Intraoperative image showing the removal of the stick from the small intestines. (B) Postoperative image showing the stick that was stuck in the intestines.

ACG Case Rep J 2018;5:e19. doi:10.14309/crj.2018.19. Published online: February 28, 2018.

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DISCLOSURES

Author contributions: All authors wrote and edited the manuscript. M. Ilyas is the article guarantor.

Financial disclosure: None to report.

Informed consent was obtained for this case report.

Received October 28, 2017; Accepted January 4, 2018

REFERENCES

1. Karateke F, Das K, Ozyazici S, Menekse E, Koseoglu Z, Karcioglu O. Anorectal injuries due to foreign bodies: Case reports and review of the management options. *Case Rep Surg*. 2013;2013:809592.
2. Agarwal P. Long-standing retained foreign body in the rectum. *The Internet Journal of Surgery*. 2008;18(2):1–5.