

REMOVAL OF LARGE CYLINDRICAL FOREIGN BODY IN HIGH RECTUM WITHOUT ANESTHESIA OR SEDATION.

38 yrs old male presented with complaints of foreign body (aerosol spray cannister of body

deodorant with

cap

16 cms

long

and

3 ½

cms

diameter

cylindrical

shape) insertion

for

auto

eroticism of

2

hrs

duration

with

pain

in
lower
abdomen
and
inability
to
extract
the
same. P/R
examination
did
not
feel
any
mass
in
rectum.
X-
Ray
abdomen
revealed
large
radio opaque

shadow

lying

in

midline

over

lower

lumbar

vertebrae.

In

view

of

cylindrical

shape

with

cap

in

place

and

high

placement

from

anal

canal

consent

was

taken

for

removal

under

general

anesthesia.

However

before

proceeding

with

the

anesthesia

routine

flexile

sigmoidoscopy

was

performed. The

spray

cannister

cap

was

tried

to

be

snared

but

appeared

impacted

into

the

rectosigmoid at 20 cms from anal verge. In view of difficulty in snaring the object gentle suction was applied below

t

he object and the conscious patient was urged to strain. This pushed the object down away from the wall it

was lodged against. Snare could then be placed at junction of cap with body of the spray and gentle traction applied along with continuous urging to patient to strain till he delivered the

object.

Most large foreign bodies impacted in high rectum require general anesthesia for adequate anal dilatation for manual extraction. Giving anesthesia takes away ability of patient to help by pushing the foreign body. Pulling this type of cylindrical object held with a snare could not have delivered the object vertically. Combined gently traction with straining by conscious patient achieved successful outcome and avoided anesthesia. It was realised that more the insufflation that was being performed during sigmoidoscopy and attempt made to snare it, more it was being pushed up against the wall. Suction of rectal lumen helped dislodge it and conscious patient could then push it into lower rectum.