A Large Foreign Body Removed Through the Intact Anus: Report of a Case*

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All physicians who have been faced with the problem of removing foreign bodies from the rectum have probably wondered how large an object could be retrieved through the intact rectum. Our experience with a recent case, combined with a review of the literature, will help to answer this question.

Report of a Case

A 24-year-old single man was admitted to the hospital complaining of low back pain and the presence of a foreign body in the rectum of two hours' duration. He said that he had put an aftershave lotion bottle through his anus for an undisclosed reason. His private physician had examined him in the office, and after an unsuccessful attempt to remove the foreign body, referred him to the hospital for definitive care.

On physical examination, he was found to be in obvious distress, complaining of low back and lower abdominal pain, and was unable to lie on his back. The abdomen was soft but slightly tender over the suprapubic area. A hard object could be felt on deep palpation in the suprapubic area. Bowel sounds were present and normal. There was no rebound tenderness. Rectal examination revealed a hard glass object just inside the internal sphincter.

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Fig. 1. Anteroposterior x-ray of the abdomen, showing foreign body.

Anteroposterior and lateral x-rays of the abdomen showed what appeared to be a glass object in the shape of a bottle with a plastic cap, measuring 18.5 cm x 10.5 cm, in the area of the rectum (Figs. 1 and 2). The bottle was positioned in such a fashion as to have the cap pointing cephalad, and the base pointing towards the anus. There was no evidence of free air under the diaphragm.
The patient was taken to the operating room and given a low spinal anesthetic. He was placed in the lithotomy position, and the rectum was dilated manually. Because the bottle was situated with the large base pointing outwardly, manual removal was not possible. A Farabeuf-Lambotte bone-holding clamp was shod with rubber and used for extraction of the bottle (Fig. 3). The clamp worked very well for this purpose, as its blades are separable and the tips could easily be fitted with #32F rubber tubing to provide better traction on the slippery bottle. After extraction, the anal sphincter remained intact, and it contracted normally postoperatively. Proctoscopy up to 20 cm did not reveal any rectal injury. Postoperatively, there was no evidence of incontinence, and the patient had normal bowel movements. He was discharged after 48 hours.

The object retrieved, a full bottle of after-shave lotion, (Fig. 4), measured 21.5 cm in circumference, 14.2 cm in length, and 8.5 cm in width.

Discussion

From a review of previously reported cases, it becomes obvious that virtually all such objects are inserted from below. The principle that any object that can be pushed up from below can be pulled back out through the intact anus seems obvious until one considers that many of these objects are fragile, made of glass or some other material likely to break if too much pressure is applied to them. Furthermore, the object may be pyramidal in shape, with a leading point which gradually dilates the anus as the larger following portion enters. The surgeon is then faced with the problem of removing a fragile object, large portion first, thru an intact anus in spasm. This is essentially the problem we were confronted with.

Previously reported cases have stressed the point that when the foreign body is broken during removal, resulting lacerations of the rectal mucosa may produce considerable bleeding, and/or perforation, thus convert-