Anal pain: think about foreign body in the rectum

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Clinical—A 69-year-old man—whose chief complaints were weakness, anxiety and anal pain—came to the Emergency Department of Sina Hospital in Iran. While the attending doctor was taking the history of the patient, the patient mentioned that he had slipped in the bathroom. In the physical examination there was distension in the hypogastric region of the abdomen and during deep palpation a rigid and blunt-shaped body was noticed.

Because of pain in the anal area, a rectal examination was performed and a firm foreign body was found 5 cm inside the rectum. Significant discharge without bleeding was detected; a radiologic evaluation using X-rays revealed radiolucent material in the rectum facing the anterior abdominal wall (Figure 1 and Figure 2).

Figure 1. Anteroposterior view of abdominal X-ray in erect position
After sedation the foreign body was removed with manoeuvres using a speculum and Magill forcep.

The foreign body was a foam slipper; because it was saturated and bloated, it was very difficult to remove (Figure 3).

No procedure-related complications occurred and the patient was discharged 24 hours after his operation.
Discussion—Reports of patients with anorectal foreign bodies reveal a wide range of ages, occupations, and socioeconomic situations but the majority of patients are men in their 30s and 40s.\textsuperscript{1,2} Patient are admitted into emergency departments with anorectal foreign bodies of various shapes and sizes such as a teacup, bottle, stone, bone, or vibrator.\textsuperscript{3–5} The majority of these patients are homosexual men in their 30s and 40s,\textsuperscript{5} but in this case the patient is an elderly man.

Generally, anorectal foreign bodies are shaped similar to the rectal space; they are mostly of cylindrical shape for sexual or medical purposes\textsuperscript{3} but in this case the shape of the foreign body suggests it was not for sexual satisfaction.

In previous reports\textsuperscript{5} the foreign bodies were mostly radio-opaque but in this case the radiological evaluation revealed radiolucent material in the rectum. One more similar case has been reported.\textsuperscript{3}

Presentation with anorectal foreign body is usually delayed because of the patient's embarrassment. The keys to sufficient care for these patients are respect for their privacy as well as evaluation of the type and location of the foreign body using rectal examination.

Foreign body removal can be performed in the emergency department with procedural anaesthesia.

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