

## An Aubergine in My ... Case of Rectal Foreign Body

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### Case summary

A 24-year-old man presented to the casualty department with a history of left-sided, colicky abdominal pain for one day. It was associated with an inability to pass flatus or motion within the same duration. There was no history of vomiting. On examination, the vital signs were within normal limits, and he was afebrile. His abdomen was soft, but a hard mass was palpable on the left side of his abdomen. There was no peritonitis. The bowel sounds were sluggish.



**Figure 1.** A plain abdominal radiograph was taken

### Questions

1. What is the abnormality seen in the radiograph?
2. What further history will you ask for from the patient based on the above findings?
3. What complications can arise from the above condition?
4. State a few management options for the above problem.

### Answers:

1. Description of the abdominal radiograph:

There is a longitudinal shadow visible in the left abdominal region paralleling the spine from the level of L1 until the sacral region.

No calcification is seen within the shadow. No bowel dilatation is noted.

2. Rectal foreign bodies are not commonly reported in the literature. The patients that present with a foreign body in the rectum come mainly from younger age groups or mentally disabled individuals. However, in adult cases, most of the cases come from abnormal sexual acts. In these cases, we are usually unable to get a true history from the patient, as the patient typically does not want to reveal the history due to embarrassment.

In such cases, the presentation of the case is usually delayed because the patient tries to remove the foreign body by himself.

Further history revealed that patient had actually inserted an aubergine into his rectum for sexual pleasure. He denied having any history of trauma or any underlying psychiatric illness.

He denied any other history of sexual deviations or practicing homosexuality.

3. few complications can arise secondary to foreign body insertion to the rectum/anal. Known complications include intestinal obstruction, perforation of the bowel, and excessive bleeding due to excessive trauma.
4. The retrieval of the foreign body can usually be done manually under local anesthesia. If it proves difficult to remove manually, a laparoscopic procedure can be used. A laparotomy is needed if the object is placed deeply into the deeper large bowel.

In our case, the object was not visible via proctoscopy. As we were unable to remove the object rectally, he was subjected to examination under anesthesia. Fortunately,

the aubergine was removed intact by using a non-traumatic sponge-holding forceps with no significant injury to the rectum, anus or, should we also mention, the aubergine.

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