

ANAL EROTICISM: SELF INTRODUCED FOREIGN BODIES IN THE RECTUM

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All types of foreign bodies from vegetables to soda water bottles introduced for the purpose of pleasure have been reported in the literature. Three cases of long cylindrical foreign bodies introduced into the rectum are presented.

CASE1

A 45 years old male presented with the history of violence by dacoits and some thing being pushed into his anal canal. The object was palpable in the lower abdomen. On perineal examination, no mark of violence was visible. Rectal examination revealed reduced anal sphincter tone and lower end of, the object was palpable. Plain X-ray of the abdomen showed a long cylindrical radiolucent shadow with radiopaque margins and spring at the upper end. The object was removed manually per rectum under general anaesthesia and was found to be butane gas cylinder used for refilling the cigarette lighter. Proctosigmoidoscopy after removal of foreign body showed no fissure, ulceration or bleeding. Post operative recovery was uneventful and the patient was discharged on the first post operative day.

CASE 2

A young soldier aged 20 years, presented with 3 days history of constipation and abdominal pain. For the relief of constipation he introduced a torch into the rectum and moved it to and fro. During this manipulation the torch slipped into the rectum and got stuck. On abdominal examination a moveable hard mass was palpable below and to the left of umbilicus. On rectal examination rounded lower end of the foreign body was palpable. The anus was patulous with no marks of violence. Xray of abdomen showed a torch shadow in the pelvis extending into the left side of the abdomen. Torch was removed manually from the rectum under general anaesthesia. The patient was discharged next day.

CASE 3

A 30 years old shopkeeper presented with 2 days history of absolute constipation, pain and mass in the abdomen. Physical examination of abdomen revealed a hard mass in the hypogastrium. Rectal examination revealed a hard palpable mass. The anus was patulous. X-ray of abdomen showed a Coca Cola bottle, which was removed under general anaesthesia. Sigmoidoscopy revealed slight hyperaemia. Post-operative recovery was uneventful and the patient was discharged next day.

DISCUSSION

The diagnosis of foreign bodies introduced in a retrograde fashion is often easy. Foreign bodies being radio opaque are clearly seen on a plain Xray of abdomen. Being smooth in outline with rounded margins and the use of lubricants before introduction, most foreign bodies do not cause rectal injuries. Rectal bleeding is rare. A pointed foreign body may perforate the intestinal wall and produce peritonitis. Large foreign bodies are palpable on abdominal or rectal examination. They are often difficult to remove without general anaesthesia¹, because once above the levator ani muscles, the conical shape of the pelvis helps them to rise high.

Removal of Glass objects requires special attention, as they may break and cause damage. Moreover if the open end of the glass bottle is directed upwards, a negative pressure is created within the bottle,

sucking the intestinal mucosa inside. Removal of such a foreign body will not only cause breakage but also damage the mucosa. Inflation of the rectum via Foley's catheters² will reduce the negative pressure in the bottle and facilitate removal without damage.

In cases where manual removal is difficult or signs of peritonitis are present, laparotomy or colostomy³ should be performed. After removal of foreign bodies, patients should be kept under observation for 24 hours to check any anal laceration or bleeding. In the present series, all the 3 foreign bodies were removed manually under general anaesthesia without any immediate or subsequent complications.

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